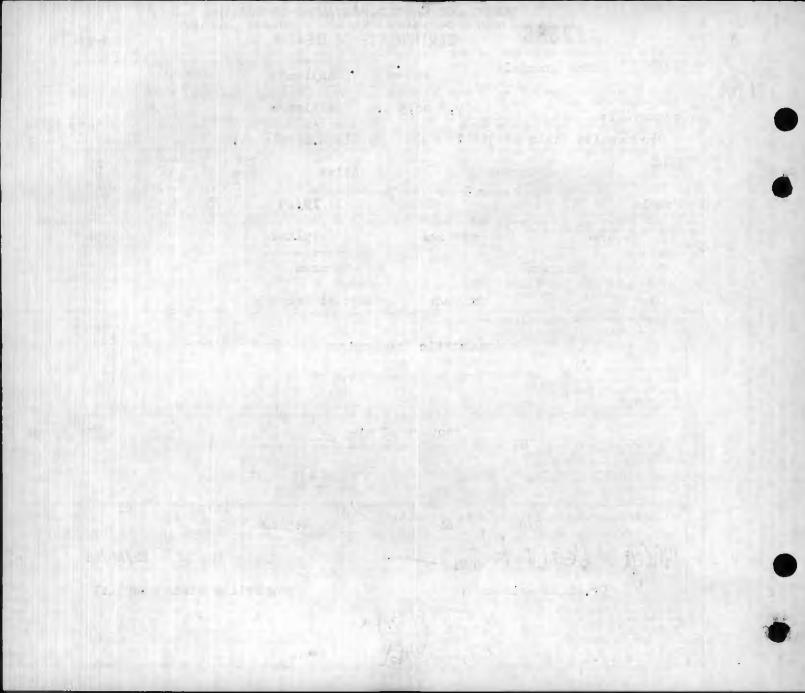
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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 33366 CERTIFICATE OF DEATH

14650

1.	PLACE OF DEATH	Anne Arun	del	MARYL	AND	2. USUAL RESI	pence (wh	ere decease	d lived. If instituti b. COUNTY	an: Reside	nce befor	e admiss	ian)
	RURAL and give ne			4 Tr. 6 ma. 2			own (If o		rote limits, write R	URAL and	give nea	rest tawr	1)
	OR INSTITUTION	At (If not in hospital, state		eet address)		d. STREET A		e St.		7 07			FARM?
3.	NAME OF DECEASED (Type or print)	B1	anci	Middle he		Allen	t	4. DATE OF DEATH	Mor 1:		2		1961
5.	Female	6. COLOR OR RACE		ARRIED NEVER MARRIED		DATE OF BIRT	9/83		9. AGE (In years 78' birthday) yrs.	IF UNDE Months	R 1 YEAR Doys		ER 24 HRS. Min.
10	during most of work	ing life, even if retired	done 1	06. KIND OF BUSINESS OR UNICHOWA	INDUST		ACE (Stote		ountry)	12. CI	US		COUNTRY?
13	. FATHER'S NAME	The land of the				14. MOTHER'S		IAME					
			CES?	16. SOCIAL SECURITY NO.	17, INF	Unkno) W22	_	Add	ress		-	
{y	(ex. no. or unknown) No	(If yes, give war or dates of s	ervice)	Unknown	Н	spital	Recor	ds					
Z	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under. lying cause lost. ONSET AND DEATH DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under. (c)												
CATIC	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PROTEIN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES ON DEPTH OF THE PROTEIN OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES ON DEPTH OF THE PROTEIN OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES ON DEPTH OF THE PROTEIN OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?												
CERTIFICATION													
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur a.m. While of work at work at work 20m. 19 20m.												
	21. I certify that (I) (this haspital) attended the deceased from 12/20 as we the deceased alive on 12/20 and that death occurred of 50 am, from the cau 220/SIGNATURE ATTENDING MED. ATTENDING DIRECTOR STAFF PHYS. 22c. PHYSICIAN'S NAMEL(Type) Dr. Hilda Reissmann Crownsville St							STAFF PHYS.	12/	e date 28/6	stated 22	(we) last dabave. tb. DATE SIGNED	
23	BORIAL, CREMATION SENOVAL (Specify)	N. 23b. DATE THEREG		23c NAME OF CEME	TERY OR	CREMATORY			TION (City, town,		2.	(Stat	le)
24	FUNERAL PIRECTOR	(No.	1	2 ang Dr	H.		25a. REC'	D BY REGIS		STRAR'S S	IGNATU	RE	



6
after
24 hours
within
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90
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HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be suited within 24 hours after the hasper 4 ms; be retained by the hospital or attending physician.

TO FUNERLY DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within/72 hours after death.

VR A15 (4) 15M 9/60

'MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	3387	CERTIFICA	TE OF DEATH		13367			
PLACE OF DEATH COUNTY	Anne Arund	lel maryland	9/	and b. COUNT	Anne Arundel			
	outside corporata limi giva naarast lown)	is, c. LENGTH OF STAY IN 1		utsida corporata limits, writa - Gambrills	RURAL and give nearest town)			
d. NAME OF HOSPIT	AL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	al Véne	e. IS RESIDENCE ON A FARM? YES NO			
Anne Arunde] 3. Name of Deceased (Type or print)	General n First Leonar	Middle		el View DATE Month OF DEATH December	Day Year			
5. SEX		7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH March 1, 1885	9. AGE (In years last birthday) 76 yrs.				
10a. USUAL OCCUPATI	ON (Give kind of world	106. KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (County 8	3. State, or foreign country)	12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME	(100)	(1201020 020000	14. MOTHER'S MAIDEN NA					
CHARLES	H. AME	ES	ESTELLE	DUNLON				
PART I. DEATI 42 0./ Conditions, if any gave rise to immadi (**), stating the uncause last.	WAS CAUSED BY, MMEDIATE CAUSE (e) DUE TO , which ate cause derlying DUE TO (c)			S	THE AS #2 INTERVAL BETWEEN ONSEL AND DEATH			
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
20c. TIME OF INJU Hour a.m.	19	While Not While at work	tactory, streat, office bldg., etc.)		(County) (State)			
	nat (I) (III) (III) ed alive on	Dec. 22, 1961, and the	hat death occured at	M from the causes				
220. PHYSICIAN'S	arls.	Beck	ATTENDING MED	STAFF	12/2 2/ 6			
NAME (Typa)	Edward S.	Beck, M.D.	71 Frankli		polis, Md.			
238. BURIAL, CREMATI REMOVAL (Specify) BUTIAL 24 MINERAL DIRECTOR	27th Dec		Nat'l Cem.	Fort Mayer BY REGISTRAR 25b. REC	Va.			

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1011-41-004

Massra .. Seck, J.D.

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VR A1S (4) 1SM 9/59

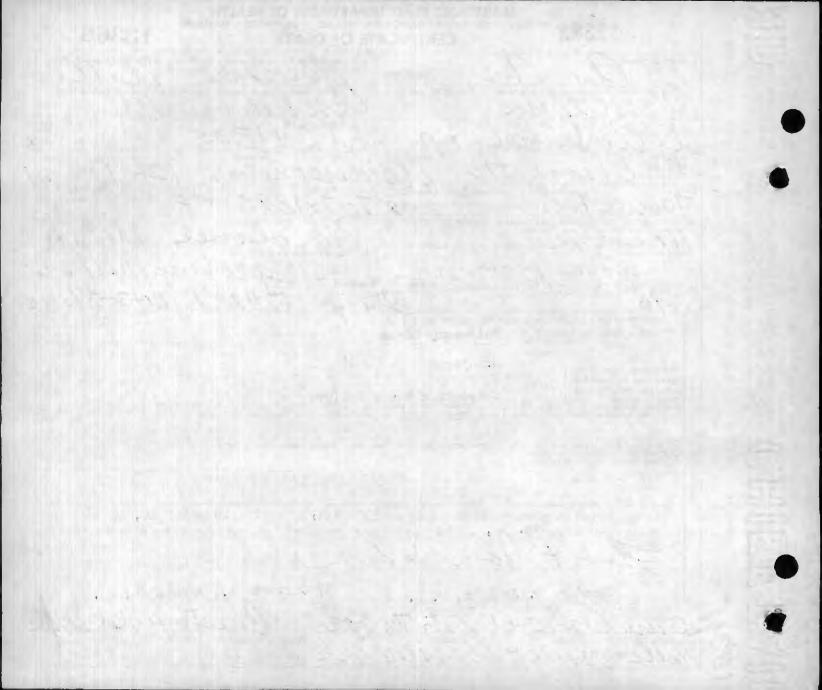
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13388

13368

S. NAME OF DEATH Enter only one course per time for (a), (b), and (c).] DEATH	4							
A SAME OF HOSPIAL Illyfrom hospital, give street, poddress) A SAME OF HOSPIAL Illyfrom hospital, give street, poddress) Color of Part C								
3. NAME OF DECEASED IN US. ARMED FORCES? In SOCIAL SECURITY NO. IS INFORMANT 13. EATHER'S NAME) 13. EATHER'S NAME) 14. MOTHER'S MAIDELY HAVE CAUSE DEVELOPED IN SOCIAL SECURITY NO. IS INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? In S. SOCIAL SECURITY NO. IS INFORMANT 16. CAUSE OF DEATH [Enter only one couse per time for (a), (b), and (c).] 17. MATTER'S MAIDELY HAVE CAUSE DEVELOPED IN SOCIAL SECURITY NO. IS INFORMANT 18. CAUSE OF DEATH [Enter only one couse per time for (a), (b), and (c).] 19. PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) INTERVAL BY. ONSET AND DUE TO Conditions, if any, which gove rise to immediate couse (b), sloting the under the under typing cause fost. 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS PERE TYPING CAUSE (b). INTERVAL BY. ONSET AND DUE TO CONTRIBUTION OF THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS PERE TYPING CAUSE (c). INTERVAL BY. ONSET AND DUE TO CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS PERE TYPING CAUSE (c). INTERVAL BY. ONSET AND DUE TO CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS PERE TYPING CAUSE (c). INTERVAL BY. ONSET AND DUE TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS PERE TYPING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS PERE TYPING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS PERE TYPING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS PERE TYPING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS PERE TYPING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (COURSE) (C) 19. WAS PERE TYPING CONTRIBUTION OF THE TERMINAL DISEASE CONDITION (COURSE) (C) 19. WAS PERE TYPING COURSE OF	vn}							
DECLARED (Trype or print)	A FARM?							
DIVORCED	Year 196/							
13. FATHER'S NAMED 14. MOTHER'S MAIDEN HAME 14. MOTHER'S MAIDEN HAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 12 INFORMANT 15 INFORMANT 16. SOCIAL SECURITY NO. 16 INFORMANT 17. MAIDEN HAME 16. SOCIAL SECURITY NO. 16 INFORMANT 17. MAIDEN HAME 16. SOCIAL SECURITY NO. 16 INFORMANT 18. CAUSE OF DEATH 19. CONTRIBUTING 19. WAS PERFORMANT 19. CAUSE OF DEATH 19. CAUS	s Min.							
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE BY: MANDENATE CAUSE (a) Pulmonary Edema. DUE TO Conditions, if any, which gove rise to immediate couse (a), storting the under lying cause tost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS PERK (YES) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS PERK (YES) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Yeor Hour a. m. 19 While at wark 10 war	A.							
Text Death Enter only one couse per line for (a), (b), and (c).	n							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	we							
Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause tost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS PERFORM YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at wark a								
gove rise to immediate couse (a), stating the under-lying cause tost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERFO YES 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at wark at								
20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED While at wark at wark foctory, street, affice bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased from August 4. 1961, to December 1619.61, that (I) saw the deceased alive an December 1951, and that death occurred at 3. pM, from the causes and on the date stated 22a. SIGNALIER								
20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED While at wark at war	S AUTOPSY FORMED?							
21. I certify that (I) (this haspital) attended the deceased from August 4. 1961, to December 1619 61, that (I) saw the deceased alive an Dec. 10. 1961, and that death occurred at 3 pM, from the causes and on the date stated 220. SIGNALUM								
saw the deceased alive an Dec. 10, 1961, and that death occurred at 3 pM, from the causes and on the date stated	{State							
220. SIGNATURE D CX / / / 8	21. I certify that (I) (this haspital) attended the deceased from August 4. 1961, to December 1619 61, that (I) (we) last							
Menden ft. flow M f. M.D. ATTENDING & MED. DIRECTOR STAFF	226. DATE SIGNED							
22c. PHYSICIAN'S NAME (Type) Theodore H. Johnson, M. D. 22d. ADDRESS 37 Calvert Sty, Annapolis, Md.								
23a. BURIAL, CREMATION. 23b. DATE THEREOF 23E NAME OF CEMETERY OR CREMATORY 23F. DOCATION (CILIDAN), or county) (Specify) (Specify) (12-15-61) (The Taron United A)								
26, FUNERAL DIRECTOR'S SIGNATURE ADDRESS ALLOW Lelse # Modern Source 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE 13 161 Control of the second seco	nd-							



AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13389 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived. If institution: Residence before admission) e. COUNTY al director. Page for your files. Board of the lih, b. COUNTY a. STATE Anne Arundel Marvland MARYLAND b. CITY OR TOWN (If outside corporete limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), and give recest town) write RURAL and give nearest town) Odenton Fort Meade d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Boar Box #335, 4th Avenue Fort Meade Hospital afe 3 NAME OF 4. DATE Middle Last DECEASED OF KAREN LYNN ASBURY (Type or print) DEATH December 3 to 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 19. AGE (In yeers (IF UNDER 1 YEAR) SEX B. DATE OF BIRTH with lest birthday) | Months тау WIDOWED DIVORCED Female. White Oct. 2 5 d 2 d 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 28 done during most of working life, even if retired) Laurel Maryland pages 1 PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter Dragoo Asbury Norman Lee 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Walter W. Asbury- 4th Ave. No 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c), Office along v burial-transit p PART I. DEATH WAS CAUSED BY: Office alon Pneumonia. IMMEDIATE CAUSE (e) **DUE TO** Conditions, if env. Which gave rise to Immediate cause D CI **DUE TO** Examiner's (e), stating the underlying cause last. ld be used remation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Item 18.) shoul PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. writing to Chief A Ci. dage 3. 20e, PLACE OF INJURY (Home, ferm,) 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED I 20f. (City or town) factory, street, office bldg., etc. While Not While Hour e.m. the :: el work et work certificate, OR: 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry 0 should be forwarded to FUNERAL DIRECTO death resulted from: Natural causes X Accident Sulcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) 224. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) CHEN 0 6 SURIHL 245. REGISTRAR'S SIGNATURE 24s. REC'D BY REGISTRAR I FUNERAL DIRECTO ADDRESS

Anne Amundel

a. IS RESIDENCE

YES NO

Year

19 61

Hours

U.S.A.

Odenton

(County)

Chilling S. Firms

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES TY NO 4

(Stote)

and in my opinion

DATE SIGNED

(Stele)

12/28/61

IF UNDER 24 HRS.

ON A FARM?

VS. A15ME 5M 9/60

Italian and Aller and Alle The state of the s The state of the s A Description of the Party of t A producer of the first of the country Street, 1922. the plant of the same to the same and the sa

1 and 2 should hours after s. Pages 1 an uted within letely filled hin 72 Ö carbon ATTENDING PHYSICIAN. The law requires that the Beath Certificate be ex AHOSPITATE RATIFICATION PHYSICIAN: The law requires that the death curtificate be the Page by be retained by the hospital or attending physician, FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbo be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, where the property of the prior to burial, cremation, or removal, and in any event, where the prior is the prior to burial, cremation, or removal, and in any event, where the prior is the prior to burial, cremation, or removal, and in any event, where the prior is the prior to be pr HOSPITA

> VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13390 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission)								
Anne Arundel MARY	e. STATE b. COUNTY								
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STA	Anne Aringe								
write RURAL and give neerest lown) Annapolis	/ Annapolis								
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addr	ess) d. STREET ADDRESS e. IS RESIDENCE								
Anne Arundel General Hospital	118 Prince George St. VES NO NA FARM?								
3. NAME OF First Middle	Last 4. DATE Month Day Year OF								
(Type or print) Harvey	Avery December 1 1961								
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIE	D 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.								
Male White WIDOWED DIVORCE	ast bighday) Months Deys Hours Min.								
13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, or unkown] [Hyes give wer or detention of the state of the st	ty Shady Side Md N.S.A. Mary ann Crandall.								
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)	E).)								
PART I. DEATH WAS CAUSED BY	thurnby: ONGET AND DEATH								
260 Y OUE TO									
Carrie di Lineur									
gave rise to immediate cause									
(e), stelling the underlying DUE TO Detalette	m Syr								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?								
[5]	YES NO 4								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)								
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED While Not While Plant of work 19 et work et work 19	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., atc.)								
21. I certify that (I) (this hospital) attended the deceased from									
saw the deceased alive on									
Frank Melicy M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR DIRECTOR 12-3. 4GNED									
NAME (Type) Frank M. Shipley M.D.	Cathedral Street, Annapolis, Md.								
REMOVAL (Specify) R (MO, On)	EMETERY OR CREMATORY 23d LOCATION (City, town or country) (Stote)								
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE								
John 11, day or som Orme	poles 1/OC DATE EC 6 '61 Chrisun S. France								

THE PETRON DOUBLE SHOW Indianal Laborate Laborate and PART SHIP OF THE STREET STREET STREET STREET

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission 1. PLACE OF DEATH Anne Arundel a COUNTY g. STATE b. COUNTY Virginia c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1h RURAL and give negrest town) Crownsville 2 Mo.21 d. Warsaw d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Crownsville State Hospital Rt.#3.Box 27 4. DATE NAME OF Month Gurnie Ballis Alias Mideraldine Batter DECEASED Baker, Geraldine alias Ball, Curnie 12 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED DE B. DATE OF BIRTH 9. AGE (In years completely 18 vrs Manths Female DIVORCED | 1943 WIDOWED | ŧ 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY; 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Unknown Unknown Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Ball Lottie Ball Lane physici 15 WAS DECEASED EYER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO 17 INFORMANT Address No Hospital Records Ċυ attendin 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ᇻ DEATH WAS CAUSED BY: Malignant brain tumor Oligodendroglioma/ DUE TO β permit. Canditians, if any, which been signed gave rise to immediate DUE TO cause (a), stating the underlying cause last. **burnol-transit** physician 5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY cremation, certificate hos or attending 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year factory, street, affice bidg , etc.) : Hour a.m While Not while at wark at work p. m. 1961 21 I certify that (I) (this hospital) attended the deceased from... detached from the causes and on the date stated above. ond that death accurred diff saw the deceased alive on MIRECTOR: ATTENDING PHYS MED DIRECTOR STAFF M.D. Board 22c. PHYSICIAN'S 22d ADDRESS should NAME (Type) Crownsville State Hospital Dr.Hilda Reissmenn 23c NAME OF CEMETERY OR CREMATORY 23a BUR, AL, CREMATION 23b DATE THEREOF 23d LOCATION (City, Jawn, or county)

VERAL I

REMOVAL (Specify)

24. FUNERAL DIRECTOR'S SIGNATURE

VR A15 (4) 15M 9/59

25a. REC'D BY REGISTRAR

25h REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES X NO

, that (I) (we) lost

(State)

22b DATE SIGNED

(State)

12 CITIZEN OF WHAT COUNTRY?

Day

Days

USA

(County)

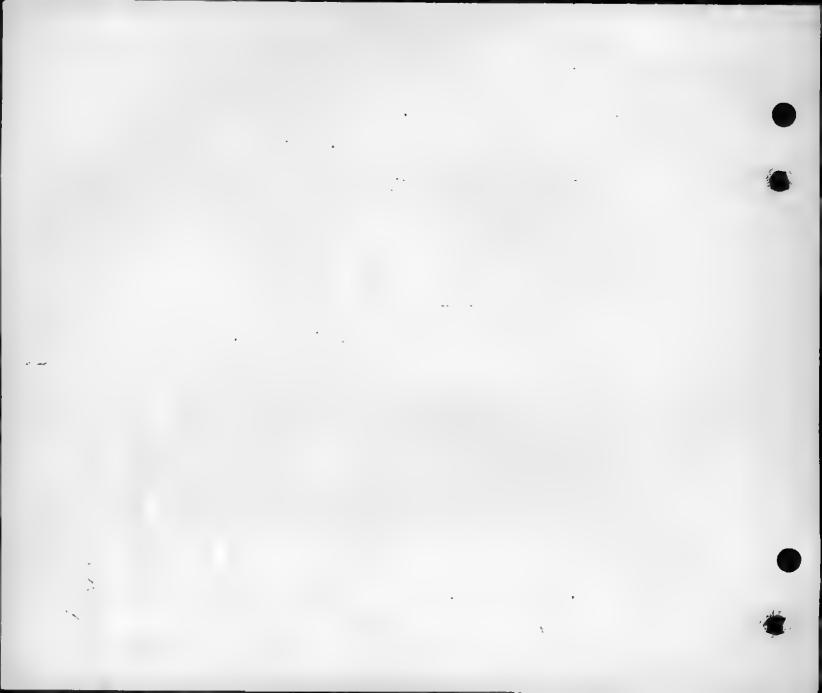
YES NO TO

Year

1961

DATE。新於

Cellus S. House



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND 1. PL. CE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) INTY b. COUNTY Baltimore City Anne Arundel County MARYLAND b. C.TY OR TOWN (if outs de corporate limits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) LENGTH OF STAY IN 16 write RURAL and give nearest town) Baltimore City Crewnsville 24 Years nours after d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? Crewnswille State Hespital 1523 E. Chase St. YES NO DE 3. NAME OF DATE Middla DECEASED OF DEATH (Type or print) MAYlone (none) 19 Margery 9. AGE (In years IF UNDER 1 YEAR) IF JNDER 24 HRS 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BRTH last b -thday) Months ! Days Hours WIDOWED [DIVORCED Female 10a USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 106. KIND OF BUSINESS OR INDUSTRY 11. S.KimPLACE .County & State, or foreign country) dona during most of working life, avan if ratired) U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Inez Bass Matson T. Bass 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yas, no. or unkown) | (Ifyasqiyawarordatasofservica) E. Chase St., Balte., Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) } INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, gava rise to immadiata causa **DUE TO** (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CON BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL ASEASE CONDITION GIVEN IN ART I(a) 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part Lor Part II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED, 20s. PLACE OF INJURY (Homa, farm, ; 20f. (City or town) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) Not While Hour a.m. at work at work 1959, to 12. 22b. DATE 22a, SIGNATURE ATTEND NG SIGNED DIRECTOR J PHYS. 22d. _ADDRESS 22c. PHYSICIAN'S NAME (Typa) 23a. BURIAL, CREMAT ON, 23b DATE THEREON 23d. LOCATION (City, lown or 256 REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

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DIRECTOR:

MARYLAND STATE DEPARTMENT OF HEALTH

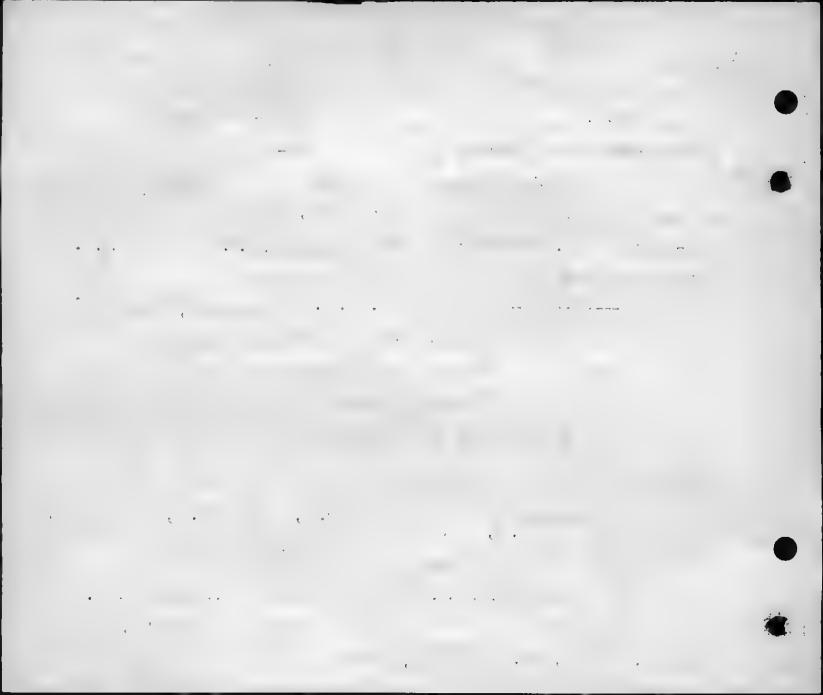
MARTIAND TIME DEPARTMENT OF BEACTS	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND
13393 CERTIFICATE OF DEATH	4 2 2 2 2 2

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1). PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm	ssion)
	Anne Arundel MARYLAND	o. STATE Maryland b. COUNTY Anne Arundel	
	b. CITY OR TOWN (if outs'de corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give necessit town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)	
	Annapolis	RURAL - Edgewater	
٠	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	, d. STREET ADDRESS , e. IS RESH	
	Anne Arundel General Hospital	Box-342 ON A F	
1	3. NAME OF First Middle	Last 4. DATE Month Day Year	THE STATE OF
1	DECEASED (Type or print)	OF DEATH D. J	_
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	BEARD Dedember 3 19 6:	
		last birthday) Months Deys Hours	Mm.
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Cl	erk-Retired S. Kanns Department Store	The state of the s	
	13. FATHER'S NAME	14. MOTHER'S MATDEN NAME	
	Christopher Murphy	Catherine Jones	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 [Yes, no, or unknown) [lityes give were relates of service]	Box 342 Shady Side Dr.	
	No No Mr.	. Wm. W. Beard Edgewater, Maryland	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) end (c).]	INTERVAL BETWI	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	to A farly of Tand de	ATPI
		10 months from	
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	Conditions, if eny, which gove rise to immediate ceuse	in the design of the second	A
	(e), steting the underlying DUE TO	Mahn a	
,	cause last, (c) TVV at WW (C	TELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT	
-	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORM	MED?
	15 J LA HAW SOL JUMNOW UNYLYM	- 7ml 1901 YES NO	545
	200. A CC.DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	. (Enter nature of injury in Pert t or Pert II of item 18.)	
		ICE OF INJURY (Homa, farm, 2Df. (City or town) (County) (Slory, street, office bldg., etc.)	le te)
	Hour a.m. While Not While feel p.m. 19 at work et work	017, 01100 0.034, 0.01,	
		Dec. 1, 161, 10 Dec. 3, 1961, that (I) (*C	X5 last
		death occured at	
	226. MISNATURE	9:55 PM 22b, (DATE
	The At Marttones	STATE OF STA	SIGNED
1	22c. PHYSICIAN'S	1.D. PHTS. A DIRECTOR PHTS.	
P	NAME (Type)	34	
	Maurice Klawans, M.D.	OR CREMATORY 123d. LOCATION (City, fown or county) (Sielle	
	REMOVAL (Specify)		
	BURTAL 12/7/61 GEORGE WASHI	NGTON CEMETERY PRINCE GEORGE'S , MARYLAND	-
	24 HONERAL DIRECTOR'S SIGNATURE STOR 8434 GRORGIA AVENI	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
	HARNER E. PIMP'REY, INC SILVER SPRING, MA	RYLAND DATE DEG D DI CITTING & France	

HOSPITAL ATTENDING PHYSICIAN: The law requires that the clash cartifical bare-ruled within its after the page 4. De retained by the hospital or altending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comfetely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 15M 7/61



CERTIFICATE OF DEATH funeral Residence before admission) 2. USUAL RESIDENCE (Where decessed lived, If institution) PLACE OF DEATH e. COUNTY b. COUNTY Anne Arundel Maryland Anne Arundel by the MARYLAND F. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)
Annapolis RURAL - Odenton 15 min. after _⊆ Pages filled i d. STREET ADDRESS A. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) ON A FARM? Box-184 A Anne Arundel General Hospital YES NO 3. NAME OF 4. DATE 64 4 4 4 5 0 Month DECEASED BEHRINGER DEATH December 19 61. (Type or print) Marv 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In yeers IF UNDER 1 YEAR lest pirthdey) Months pue White WIDOWED XX DIVORCED October 25. 1888 Female 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired) U.S. Alabama Housework Оып Нате 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Duinlev Oaniel Brown 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no. or unkown) | (Ifyesgivewarordatesofservice) Mr. Harold Behringer - Same As #2 tinknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) has been signe te burial-transit Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying certificate ha PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO XX 20e. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW NURY OCCURED. (Enter neture of injury in Part I or Port I of Tem 18.)

OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, NJURY OCCURRED, 20e. PLACE OF NJURY (Home, farm, 20f, (City or town) After 20c. TIME OF INJURY Month, Dev. Yeer (County) factory, street, office bldg., etc.) While _Not While Hour a.m. et work at work CIOR: saw the deceased alive on.....Dec.19...61, and that death occured at.........M, from the causes and on the date stated above. 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. /6] 22d. ADDRESS 22c. PHYSIC, AN'S Frank M. Shipley, M.D. 121 Cathedral St., Annapolis, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)
Burial 26±Dec. 1961 Arlington Nat'l. Cem. Fort Meyer, Virginia 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS EUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Glen Burnie, Md. 15M 9/60 DATE DEC 2 8 161

I AND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND

PRESTON STREET, BALTIMORE 1, MARYLAND ...



RYLAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH OF DEATH Item 9 Film G303 USUAL RESIDENCE (Where decessed lived, if institutions 1. PLACE OF DEATH . COUNTY e. STATE **b.** COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (if outside comprete limits E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give negrest town) write RURAL and give nearest town) Annapolis 22 days RURAL - Gambrills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) a. IS RESIDENCE d STREET ADDRESS ON A FARM? Box=340 YES NO Anne Arundel General Hospital 3. NAME OF Middie 4. DATE Month Dev Year DECEASED OF (Type or print) DEATH 1961 December 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 5. SEX AGE (fn. years - F UNDER 1 YEAR) IF UNDER 24 HRS. Months Male WIDOWED DIVORCED [Negro CCUPATION (G ve kind of work 10b. KIND OF BUSINESS ORINDUSTRY working fife, even if retired) Addres vos a ive we ror detes afservice) INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, it any geve rise to immediate ceuse DUE TO (a), steting the underlying cause rest. PART II OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO T 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of Item 18.) 20f. (City or lown) (County) (Stete) 2Dc. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form. factory, street, office bfdg., etc.) Not While While Hour a.m. et work et wark D.m. 19 0 1 to 12 m 16 ... 190 2, that (I) (we) last 22b, DATE 22e SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23 LOCATION (City, town or co 25e. REC'D BY REGISTRAR 1 255

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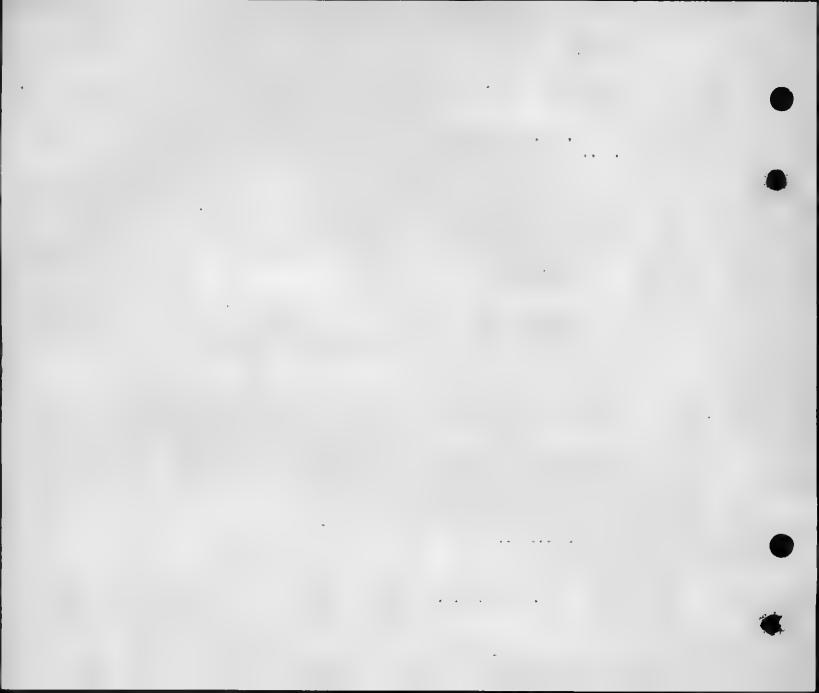
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR STATE CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) a. COUNTY for your files. Board of Health, **B. STATE b.** COUNTY Anne Arundel County. MARYLAND Anne Arundel Co. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town] Rural Harwood d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)
The home of Mrs. Wm. Kirkpatrick. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES THE NO Harwood P. O., Anne Arundel County 4. DATE Month DECEASED OF (Type or print) THOMAS DEATH BLAKE December 4. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In yours IF UNDER TYEAR IF UNDER 24 HRS. lest birthday) Months Deys Hours WIDOWED DIVORCED Colored 10s. USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) IN U.S ARMED FORCES? INFORMANT 16 SOCIAL SECURITY NO. 1 17. 2-nkown) | (If yes give war or detes of service) 18. CAUSE OF DEATH |Entar only one causa per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease **DUE TO** a burial Conditions, if any, which geve rise to immediate cause DUE TO (a), stelling the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(*) 19. WAS AUTOPSY CERTIFICATION should be u PERFORMED? Partialyss NO 4 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of Injury in Pert I or Pert II of item 18.) writing the Chief Mage 3 sh PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) the Page factory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work prior se execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Accident Homicide Natural causes Suicide 1 Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER X DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) OWARD, Address (Street, city, town, or county) OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) REMOVAL (Spacify) 0 24b. REGISTRAR'S SIGNATURE A15ME willing S. House



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE AWhere deceased lived, If institution: Residence before admiss on a. COUNTY MARYLAND b. C.TY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 OR TOWN (If outs de corporate limits, write RURAL and give nearest town) RURAL and give negrest town) E filled OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle OF DEATH DECEASED [Type or print] 196/ 5. SEX MARRIED NEVER MARRIED AGE (In years last b rinday) Months Hours WIDOWED DIVORCED yrs. physician USJAL OCCUPATION (GIVE kind of work 10b. KIND 12. CITIZEN OF WHAT COUNTRY? a during most of working use Painter 13. FATHER'S NAME attending pl 16 SOCIAL SECURITY NO 17. INFORMA Address CAUSE OF DEATH (Frite) INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 54 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While al work at work p.m. 21. I certify that (1) (this hospital) attended the deceased from Manch 16 L.I., and that death occured a JUM, from the causes and on the date stated above. saw the deceased alive on Allelenter 22b. DATE 22a SIGNATURE ATTENDING STAFF 'SIGNED DIRECTOR PHYS. PHY5. 22d, ADDRESS 22c. PHYSICIAN S NAME (Type) 23s. BURIAL, CREMATION, | 23b NAME OF CEMETERY OR CREMATORY (Specify) REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE arthur S. Hrons

AARYLAND STATE DEPARTMENT OF HEALTH



TON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased tived, If institution: Residence before admiss on) a. COUNTY a. STATE Anne Arundel Anne Arundel \$ 2 2 MARVIAND b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give neerest town) E 7 RURAL - Gambrills Annapolis Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE hours (Dead on arrival) ON A FARM? YES NO F Anne Arundel General Hospital 4. DATE Month Year DECEASED OF (Type or print) DEATH BOSCHERT December 19 61 Adam 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthdey) | Months Hours Deys WIDOWED X 7373 Vrs. DIVORCED [January 21, 1882 physician 10a. USUAL OCCUPATION (G ve kind of work IDb. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stere, or fore an country) | 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. Maryland Blacksmith (ret. Employed 13. FATHER'S NAME please 14 MOTHER S MAIDEN NAME attending Andrew Boschert Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT that the Address (Yes, no, or unkown) | (If yes give wer or dates of service) Mr. George Boschert Gambrills, Md. unknown 18. CAUSE OF DEATH linier only one cause per tine for (e), (b) and (c), INTERVAL BETWEEN has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMED ATE CAUSE (e) emding Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO [2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert il of item 18.) 208 ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, form, ! 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year (Stete) be retained ECTOR: After factory, street, office bldg., etc.) While Not While at work at work 21 I certify that (I) (this description attended the deceased from May 1958, to Dec. .. 19.61 that (1) (200) last ATTENDING SIGNED STAFF DIRECTOR PHYS. PHYS. 61 22d. ADDRESS 226-PHYSICIAN'S NAME (Type) Richard N. Peeler, M.D. 121 Cathedral St., Annapolis, Md. 123d, LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a, BURIAL, CREMATION, 1 23b DATE THEREOF REMOVAL (Specify) Millersville. Maryland 9b Dec.1961 Our Lady of the Field 25%, REC'D BY REGISTRAR 25%, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** YR A15 (4) Other S. Hime 15M 7/61 Glen Burnie, Md. Thomas W. Singleton DATE 200 Crain Highway

AND STATE DEPARTMENT OF HEALTH

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S P P				eased alive, of	,					the date stated above.
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DE DE OFF			X	o will the	1	19/4	M.D. PHYS.	DIRECTOR	PHYS.	
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P. P. Or.					rel Map	23c. NAME OF CEMEN	* * *	rownsville	ON ICity, town or cour	nty) (Stela)
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ESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution; Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (# outside corporate | mits, write RURAL and give neerest town) e. LENGTH OF STAY IN 16 utside corporeta limits, write RURAL and give necrest town) ba a. IS RESIDENCE NAME OF HOSPITAL ON A FARM? NO DECEASED (Type or print) DEATH AGE (In years IF UNDER TEAT B. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthdey) physician and Manths WIDOWED 7 DIVORCEO T Oe. USUAL OCCUPATION (Give wind of work done during most of working life even if retired, гетоме 106, KING OF BUSINESS OR INQUSTRY & State, or foreign country) 13. FATHER SNAME aftending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, Ac, or unkown) (If yesgiye wer or dates of service) INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause of ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which geva rise to immediate cause **DUE TO** (B), steting the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMEO? NO · 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 20d INJURY OCCURRED | 20s. P.ACE OF INJURY (Home, farm, 20f. (City or town) (County) [Stefe] factory, street, office bldg., atc.) While Not While Hour a.m. et work at work p.m. ECTOR: 21. I certify that (I) (this hospital) attended the deceased from I deceased from 21 ______19,66... and that death occured at 224M, from the causes and on the date stated above. the Ideceased DATE SIGNATUR SIGNEO DIRECTOR PHYS. PMYS ih. Page 4 FUNERAL 22d. ADDRESS NAME (Type) 1 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, lown or county) REGISTRAR | 25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE JAN

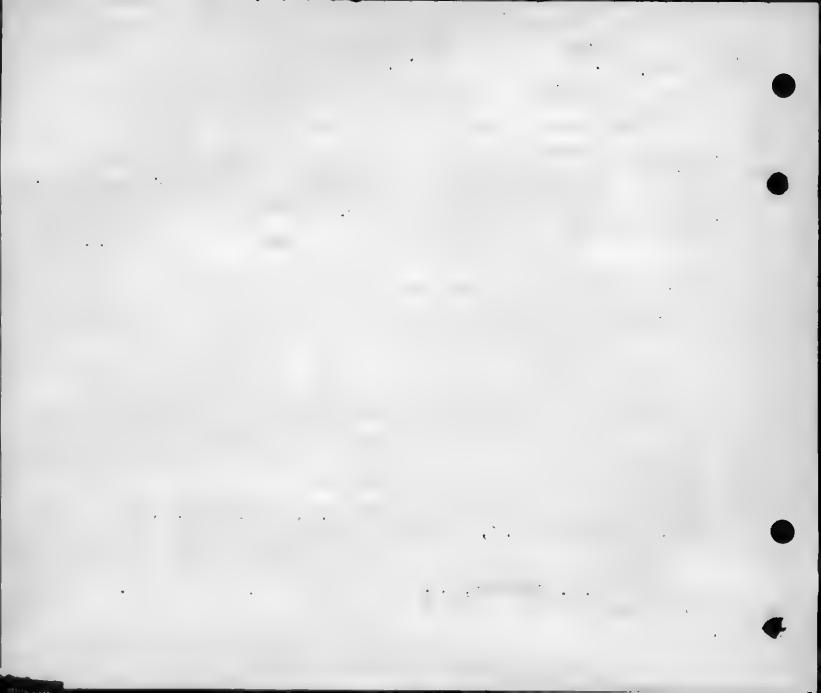


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13401 Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY 6. COUNTY ANNE ARUNDEL ANNE ARUNDEL O. STATE MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANNAPOLIS MSADENA 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? U.S. NAVAL EXPERIMENTAL ENGIN. 12 BROOKFIELD AVENUE YES NO NAME OF Middle 4. DATE Month Doy Yeor DECEASED EDNARD MCKAY BROWN DECEMBER 27 (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED [7] NEVER MARRIED [7] 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYPAR IF UNDER 24 HRS Months Hours MALE CAUC 9 OCTOBER 1911 WIDOWED [7] DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) EXPERIMENTAL ENGIN. MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM BROWN THERESA HIPLER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO (W) VIRGINIA BROWN 12 BROOKFIELD AVE. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY MIN IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 120f. (City or town) (County) (Stote) Hour o. m. factory, street, office bldg, etc.) at work at work p. m. 21. I certify that I took chapge of the remains described above, held an Autopsy [], Inspection [] Inquiry and find that Accident . Suicide . Homicide . Undetermined cause death resulted from: Variored Couses ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER 00 SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER S 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (State) DEC 30 **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Vs. ATSME(S)



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3402 Inf. from birth dertificate PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Rusidence before admission) a. COLINTY : a. STATE **b.** COUNTY Anne Arundel Anne Arundel MARYLAND death and b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 in by write RURAL and give nearest town) RURAL - Arnold 35 minutes Pages Annapolis filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Anne Arundel General Hospital Joyce Lane 3. NAME OF DATE Middle Last Month DECEASED DEATH December Ellouise (Type or print) BROWN 19 61. carbon 9. AGE [In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TY B. DATE OF BIRTH 5. SEX last birthday) Monthal Hours Female Negro Dec. 3, 1961 WIDOWED [DIVORCED nding physician a 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME È aftending Franklin Brown Ellouise Day 15. WAS DECEASED EYER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: peubi IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which 161 gava rise to immediate cause DUE TO (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CRITICATION PERFORMED? NO 20s. ACCIDENT WAS UNDERLYING | | 20b. DESCRIBE HOW INJURY OCCURED. IEnter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work DIRECTOR: 21. I certify that (1) (thischocotts) attended the deceased from. Dec. 3, 19.61 to Dec. 3, 19.61, that (1) (33) last saw the deceased alive on. Dec. 8:35 PM 22b. DATE 228 YSIGNATURE SIGNED ATTENDING MED. DIRECTOR PHYS PHYS. PHYLICIAN 9 22d. ADDRESS NAME (Type) Richardson, M.D. 110 Clay St., Annapolis, Md. 23a, BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL - (Specify) 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1SM 7 61



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 403 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) e. COUNTY e. STATE **b.** COUNTY is nec. Anne Arundel County. MARYLAND Marvland Anne Arundel Co. b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RJRAL end give neerest lown) write RURAL and give neerest town) Annapolis d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES INO IZ Anne Arundel General Best Gate Road 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH WILLIAM BROWN B. DATE OF BIRTH December 19 5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. may 2 wit ours ichdey) Months Devs Hours MIDOWED DIVORCED Male N TO SE 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during/most of working life, even if retired) PM3 Pages 1 within FATHER'S NAME IN U.S. ARMED FORCES? INFORMANT (Yes, no, or unkown) | (Wwesgivawarordelesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] Buo ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hypertensive and arteriosclerotic cardio-IMMEDIATE CAUSE (e) Office burial-t vascular disease DUE TO Conditions, if any, which gave rise to immediate cause 10 DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION d be remarking PERFORMED? NO 4 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. hiet e 3 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State) 9 factory, street, office bldg., etc.) While Not While Hour am. el work at work 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inquiry 0 Inspection and in my opinion E death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner forwarde L DIREC CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER -DATE SIGNED BAL SIGNATURE should be FUNERA DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) HOWARD G. SHAUB. Address (Street, city, town, or county) December 19 224. BURIAL, CREMATION. 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 246. REC'D BY REGISTRAR 1/24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60 DATEC 2 6 '61 Classer & House

Items 16821 Film 305 MARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13404 CERTIFICATE OF DEATH

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21. I certify that (I) (this hospital) attended the deceased from DEC	13	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA		ity) (State)
21. I certify that (I) (this hospital) attended the deceased from DEC 15		Hour a.m. While Not While lect		MIN-
saw the deceased alive on. DEC. 3. O19.(2), and that death occurred at	3		11000	
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REMOVAL (Specify) 101/(2) Townsing Compatents Paltimone Maryland		20 BURIAL CREMATION 23h DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City, town of county	[Slate]
	12	REMOVAL (Specify)		
Intombinent 1/5/02	2			
24 FUNERAL DIRECTORY SIGNATURE ADDRESS 250. REGISTRAR'S SIGNATURE	2	Entombment 1/3/62 Lorraine C		. "
Ellsworth Armacost 4600 Liberty Hights. Ave. DATEJAN 3 '62 Carling S. Kinna	_	232001110110		. "



1	1	3405 T+	CERTIFIC/	ATE OF DEATH	iwk	Reg. Dist. \$43385
Clar	1. PLACE OF DEATH COUNTY Anne Aru	ndel	& 8 J. 1)	2 USUAL RESIDENCE (WHO STATE) 1 and	ere deceased lived If institution b. COUNTY	on Residence before odm.ss on) Prince (fee rges
fun fun dd be fi		outside corporate limits, write rest town) rge G. Meade	c. LENGTH OF STAY IN 16 Unic	c CITY OR TOWN (IF o	utside corporate limits, write R	URAL and give nearest town)
by the	d. NAME OF HOSPITA OR INSTITUTION	ubrough Army	r oddress) Hospital	d. STREET ADDRESS 823 Montg	omery St	e. IS RESIDENCE ON A FARM? YES NO
of in the second	3 NAME OF DECEASED (Type or print)	Fini GENE	Middle CLINT	BYRNE BYRNE	4. DATE Morn OF DEATH DEC IS 32	
d within	5. sex Mal e	Con	RRIED NEVER MARRIED	B DATE OF BIRTH 29 30 June 1939	AGE (In years lost birthdoy)	Months Doys Hours Min
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ng physe remay 72 hau	15 WAS DECEASED EVER	IN U S ARMED FORCES? 16	70 H	nformant rsonnel Recor	ds TS Army it	eo G. Monde, Md.
e death attendi n pleas t within	massive	INTERVAL BETWEEN ONSET AND DEATH IT				
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PHYSIC al or off his certifus use as emation	20c. TIME OF INJURY 6:50 Aft m.	Doc 99 61 Will	INJURY OCCURRED 20e. PL	ctory, street, office bldg., etc.	de Ft G G Mea	(County) (Stote) ade, Md Anne Arundel
pitched for rial, creating	21. I certify that alive an 22 J	t I attended the deced	sed fram 22 Dec			that I last saw the deceased and an the date stated above.
ECTOR:	ACTUAL	oy IV	Sever		ADDRESS (Street, city or town,	
TAL OF Tretained AL DIR thould it from pri	PHYSICIAN'S LIL	or j. Feve ,	Capt., M.C.			
HOSPI WERE State 3 state 1 sta	REMOVAL (Specify)	226 DAYE THEREOF	220 NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City frown,	or county) (State)
VS A15 (4) 15M 10/57	27 JUNERAL DIRECTORS	Selenture Believe	FADDRESS ALL	272 Ju 240. PC		STRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1.2		MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18				
		13406 CERTIFICATE OF DEATH Reg. Dist. N3386				
director liled with		PLACE OF DEATH OCCUMTY Q. COUNTY Q. COUNTY A. Arundel MARYLAND 2. USUAL RESIDENCE (Where deceased lived by COUNTY A. Arundel				
the funeral should be f		CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) CLEN BURNE C LENGTH OF STAY IN 1b C CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) CLEN BURNE				
by del		d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION d. STREET ADDRESS 1/0/4/ Summit Ave, VES \(\summathing NO				
oges 1 and		NAME OF DECEASED (Type or print) GEORGE E, CALTRIDER DEATH Dec. 29 1961				
pletely rs. Pag	S. \$	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Sept. 10, 1895 9. AGE (In years last birthday) 6. Oys. Hours Min Months Doys Hours Min Mi				
execute nd cam on pape death.	10a	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Retired 11 BIRTHPLACE (State or foreign country) U. S. A.				
ate be	13.	FATHER'S NAME Edward Caltrider Sophie Schaeffer				
certifica g physic remove 72 hours	1S (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address NO If yes, give wor or dottee of services 219-28-7400 A Ethel F. Celtrider, 104 Summit Ave., GlenBurnic				
requires that the deat ion a signed by the attend sait permit. Then pleas and in any event within		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate cause (o), stating the under- tying cause lost. INTERVAL BETWEEN ONSET AND DEATH				
g physic has bee urial-tra	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALTOPSY PERFORMED? YES NO					
ifficate in the b		200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)				
PHYSIA or a this cer in use as remafiai	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a m p. m. 19 And wark at war				
or ATT ed by the spi RECTOR: After be detached fe riar ta burial, c		21. I certify that I attended the deceased fram. 1900, to Sept. 25, 1961, that I last saw the deceased alive an Sept. 25, 6, 1961, and that death accurred at 1/30 M, from the causes and an the date stated above. ACTUAL Edmond I Woushabet M.D. 21015 Reterior town, state) SIGNATURE Edmond I Woushabet M.D. 21015 Reterior Highway 12/30/61				
RAL DI SRAL DI Shauld istror p		PHYSICIAN'S EDMOND I MOUSHABEK Glen Burnic Maryland				
poge 3	-	BURIAL CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BURIAL Specify 1-3-62 Glen Haven Liem. Park Glen Burnie, Md.				
VS A15 (4) 15M 9/58	3	yneral director's signature Address 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATESN 2 '62 with 8 thous.				



MARYLAND STATE DEPARTMENT OF HEALTH

134 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13387

	1 F	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution: Residence before order scion) o. STATE OF DEATH O. STATE O. STATE OF DEATH O. STATE OF D
	Ž	RICKAL and give nearest town) C LENGTH OF STAY IN 1b C COMPR TOWN (If outside corporate limits, write RURAL and give nearest town)
		of HAME OF HOSPITAL (If for in hospital, give street address) OR INSTITUTION ON A FARM? YES NO NO NO NO NO NO NO NO NO NO
		NAME OF DECEASED (Type or print) & avid & Cara DEATH 12 27 1961
	5. S	Male (of WIDOWED DIVORCED 12-19-1885 lost birthdoy) Months Doys Hours Min
	109	USUA. OF CUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY) TO SIRTHPLACE (State or Foreign country) 12 CITIZEN OF WHAT COUNTRY? 13 CITIZEN OF WHAT COUNTRY?
		Pather's NAME William Can 14 MOTHER'S MAIDEN NAME Harriet Cara
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Red Was give wor or dides of service Address Red Bot 85 BOMMA
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a)
		Conditions, if ony, which gove rise to immediate couse (a), stating the under lying couse tost. DUE TO (b) Chreve David Due TO (c)
)	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO ATTEMPT NO A
	I - I	200 ACC-DENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II or Port II of item 18.)
	MEDICAL	20c TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of two of work of two of work of two of work of two
		21. I certify that (I) (this haspital) attended the deceased from 19 to 12 19, that (I) (we) last saw the deceased alive on 12 19, and that death accurred at M, from the causes and an the date stated above.
		220 SIGNATURE ATTENDING MED STAFF SIGNED ATTENDING MED DIRECTOR PHYS [] 225 DATE SIGNED
		PROPERTY OF A LIEN CLERKES TO A LIEN CLERKES LY
	1	BURIAL CREMATION. 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. ACATION (City, town, or county) 3 March 1231-1961 BURIAL CHEMATORY STUDIOS (City, town, or county)
	2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256 PEGISTRAR'S SIGNATURE DATE LANG 2 162 162

D HOSPITAL OR ATTERING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deal age 4 be retained by the pital or ottending physician.

JNERAL DIRECTOR. After this certificate has been signed by the attending physician and completel ed in by the funeral ector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be fitted with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 himurs after death. VR A15 (4) 15M 9/59



1 0	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	
	12408 CERTIFICATE OF DEATH Reg. Dist. No.	288
Poge director	1. PLACE OF DEATH O COUNTY (IN THE CITY OF THE COUNTY (IN THE COUN	admission)
death Id be fi	b. CITY OR TOWN (If outside corporate limits, write PURAL and give nearest lown) Church Ton Church Ton Church Ton	rst lown)
by the fun	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION FOR A MAN TO THE STREET ADDRESS OR INSTITUTE ADDRESS	IS RESIDENCE ON A FARM? YES NO DO
24 house	3. NAME OF DECEASED [Type or print] Laura M. Coffman Death DEATH DECEASED	Ysar 19 6 /
plete	5. SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR II	
d de la contraction de la cont	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	WHAT COUNTRY
cion and control of co	13. FATHER'S NAME.	9
g physi remove 72 hour	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Ver no. or unknown) (If you, give word or doine of service) Address ## 2	
ottendin please within	PART I DEATH WAS CAUSED BY:	VAL BETWEEN T AND DEATH
that the by the t. Ther y event	Conditions, if ony, which Centeralized orteriosclerosis	auys_
iguires signed t permi	gove rise to immediate couse (a), storing the under-	4/3
hysiciar s been sl-transi		PERFORMED?
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spital the thing of, crem	21. I certify that I attended the deceased from Jens 14, 1959, to Dic. 22, 1961, that I last sav	w the decease
TO Puri	alive an State of the death accurred at 40 ft M, from the causes and on the date	Stated above
oined b	SIGNATURE ASLERA TOMET MD. Shady Side, 190. 12 PHYSICIAN'S MILL ARD F SMITH MI	[22]6]
OSPITA be ret MERAL e 3 sho registro	NAME (Type) 220. BURIAL, CREMATION. 226. DATE THEREOF 22. NAME OF CEMETERY OR CREMATORY 226 JOCATION (City, town or county)	(Stole)
or the same of the	FUNERAL DIRECTOR'S SIGNATURE ADDRESS A 1240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE	1/7.
VS A15 (4) 15M 9/55	ony M. Fey fort fry (trumperly, MA) DATPEC 2 6 '61 Cultury & Thomas	



DIVISION OF STATISTICAL RESEARCH STON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission a COUNTY MARYLAND Anne Arunda b. C.TY OR TOWN (F outs da corporate fimils, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (I outside corporate limits, write RURAL and g ve nearest town n by write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, o filled i a. IS RESIDENCE (estreet address) ON A FARM? Obteenw YES NO P 3. NAME OF Midd e DECEASED (Type or print) DEATH carbon F JNDER OR RACE and IDa, USUAL OCCUPATION (Give kind of work remove 12. C TIZEN OF WHAT COUNTRY? done during most of working I fe, aven if ratifed) -00 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SOCIAL SECURITY NO. 17, INFORMANT Address 18. CAUSE OF DEATH If nier only ONSET AND DEATH INTESTINAL HEMORRHAGE IMMEDIATE CAUSE (a) DUE TO CARCINOMAL. gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART 1, OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 39, WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 2Db DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I of Jem 18)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF NJRY (Home, farm, 1 20f. (City or lawn) (County) (State) Month, Day, Year factory, street, office bldg., etc.) Not While While at work at work OBS 21. 1 certify that (I) (this hospital) attended the deceased from MARCH....... 1961, to Rec. 13...... 1961, that (I) (we) last19 **41**, and that death occured at **8**...M, from the causes and on the date stated above. 22b, DATE ATTENDING STAFF SIGNED PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSIC NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) 23a, BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Spacify) REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 C T'un S. Thomas

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13410 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed livad, f 'nstitution: Residence before admission) e. COUNTY b. COUNTY Anne Arundel Maryland by the and 2 death. Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits LENGTH OF STAY IN IN c. CITY OR TOWN, If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) after Brooklyn Hgts. Breeklyn Egts. Yrs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) a. IS RESIDENCE d STREET ADDRESS hours ON A FARM? YES NOT 407 Deris Ave. 407 Deris AVE. 3. NAME OF 4. DATE Year Middle Month DECEASED (Typa or print) DEATH MODESTA COSTA 1951 Dec. 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UMDER I YEAR | IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED | DIVORCED Female. White Oct. 4, 1896 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP. ACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Housewife U.S. Louisiana 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 and and Jeseph Mary Gagliane 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yas, no, or unkown) ! (If yas give war or detay of service) No Mr. Salvatore Costa Same 18. CRUSE OF DEATH [Enter only one cause par I'ma for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE ,a) the burial-transit burial, cremation DUE TO Conditions, if any, which gave rise to Immadiate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.4) 19.CWAS AUTOPSY PERFORMED? NO A 20b. DESCRIBE HOW INJURY OCCURED, JEnter nature of injury in Part I or Part II of Itam 18) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Da, PLACE OF INJURY , Home, farm, 20f., (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) White Not While Hour a.m. at work (at work p.m 21. | certify that (I) (this hospital) attended the deceased from. saw the deceased alive 22b. DATE 220 SIGNATURE ATTENDING STAFF DIRECTOR 9, 1961 PHYS. PHYS. Dec. FUNERAL 1 rector, page 3 26. PHYSICIAN'S 22d. ADDRESS NAME (Type) 5010 A. Gev. Ritchie wy, Balte 25, Md. Benjamin 236. BURIAL, CREMATION, | 236 DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, fown or county) REMOVAL (Spacify) Belair Rd. Baltimere, Md. Hely Redeemen Cemetery Dec. 11, 1961 Burial 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 PUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 4001 Ritchie Hwy. (25) DAGEC 1 2 '61

MARYLAND STATE DEPARTMENT OF HEALTH

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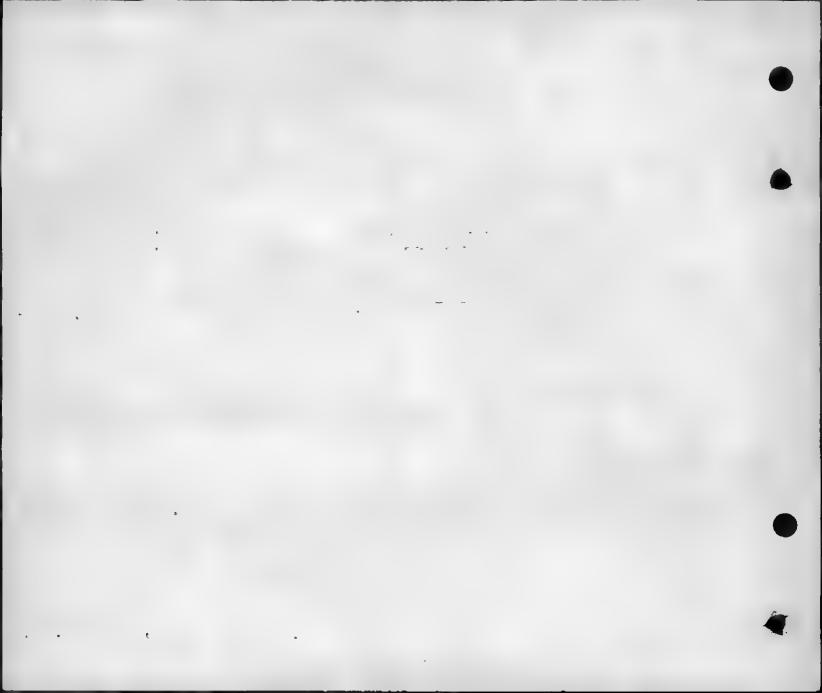
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VII. A15MIII5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No33392

)	1.	a. COUNTY	A Co.		MA	RYLAND	2. USUAL RESIDENCE ((Where deceas		ution: Residence		ion)
	ŀ	b. CITY OR TOWN (IF	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
,	1	CALCY!	Runnt.	ANN	apolis.	-141	1					
		d. NAME OF HOSPITA	L OR INSTITUTION	If not in hosp	ital, give street add	rest)	d. STREET ADDRESS				e. IS RES	
	1	8 CH-41NI	ME ARLINO	ch - ge	NEROL.						YES [FARM?
		NAME OF DECEASED	Fir	si	Middle		Lost	4. DATE	Mont	h I	Day Yea	ar
		(Type or print)	_ Rei	vd/d		C	Rouch.	OF DEATH	12		3 19	61
	5. 5	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARR	IED 🔲 B.	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER TY		
			W	WIDOWED		1	9-30-39	,	22 yrı.	Months Da	ys Hours	Min.
	10a	USUAL OCCUPATION	N (Give kind of work tife, even if retired)	dane 105 K	ND OF BUSINESS O	R INDUSTR	Y 11. BIRTHPLACE (Stat	e or foreign o	ountry) Ps	12. CITIZEI	OF WHAT C	OUNTRY?
		Paint			louge Pak	nting	Clay Tow	nshin.I	Butler Co		USA	
	13.	FATHER'S NAME			,		14. MOTHER'S MAIDEN					
		Carlyle C:					Mary	Wolfor	rd			
	15. (Yes	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16. S	OCIAL SECURITY N		FORMANT		Address			
	-	Yes I	ischarge	175 / T	70-32-289	9 Mr	s. Carlyle	Crouch	Slipper	y Rock	ال حرم .	Pa
			H [Enter only one cou								INTERVAL BETWEEN	Ž
		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	M	uttiple	IN	TURICS			-	Luxder	
	V	15)	DUE TO			0						
		Conditions, if an										
		gove rise to immed (a), stating the u										
		couse lost.) (c)									
	Ñ Q	PART H. OTH	ER SIGNIFICANT CON	DITIONS CON	NTRIBUTING TO DEA	ATH BUT NO	OT RELATED TO THE TERA	AINAL DISEASI	CONDITION GIV	EN IN PART 1	o) 19. WAS AL	JTOP5Y
	CERTIFICATION											NO
	RTIF	20a. EXTERNAL CAU PRIMARY & or CON	SE WAS	b DESCRIBE	HOW INJURY OCC	URRED. (En	ter nature of injury in Pa			4		
M		CAUSE OF DEATH.	د	stage es	Litru	n pr	on leut	o-au	ly dieva	inh h	258	
V	MEDICAL	Hour a.m.	Y Month, Doy, Yes	20d. IN While	Not while	206. PLAC	E OF INJURY (Home, far y, street, office bldg., et	m. 20f. (City	or town)	(County)	(Stote)
	ME	p. m.	19	at wor	k of work							
ı		21. I certify th	at I taak charge	af the re	emains describ	ed abav	e, held an Autap	sy 🔲, Ir	ispection 🗷,	Inquiry	, and fi	nd that
		death resulted	from: Natural	causes 🗀	. Accident 💆	7, Suic	ide 🔲, Hamicid	e 🔲, Ur	ndetermined c	ause 🔲.		
				7 .	r.						0.170.00	
		ACTUAL SIGNATURE	Clan!	west	• ,		M.D. CHIEF MEDICAL E	XAMINER 🔲			DATE SIG	PriED
1		EXAMINER'S	FI	1	11		ASSISTANT MEDI	CAL EXAMINE	R 🔲		/	
		NAME (Type)	L LIN	1711/	VY.		DEPUTY MEDICAL	EXAMINER'S	<u> </u>	/	2/3/	6/
	220	- BURIAL, CREMATION	N. 226. DATE THEREC)F	Man OF CEME	TERY OR	REMATORY	22d. LOCAT	TION (City, town,	or county)	(State)	
		REMOVAL (Specify)	12/6/61		West Sunl	bury 1	Jnion Cem.	Clex	Townshi	. But	ler Co.	Pa
		FUNERAL DIRECTORS	- Later San and a second	7-1	ADDRESS	VE		D BY REGIST	RAR 245. REGI	STRAR'S SIGNA	ATURE	
,	ų.	HOPPING PU	INERAL HOVE	Ant	apolis, l	wry!	and DATE	DEL 6 1	61	~7 d 7	Raus	



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 13413 director, ited with 2. USUAL RESIDENCE (Where deceased lived If institution Residence before parties of PLACE OF DEATH Baltimore City a. COUNTY filed MARYLAND Maryland Anne Arundel c LENGTH OF STAY IN 16 Į į b CITY OR TOWN (If outside corporate fimils, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) å 23 years 2 mos.27 days RURAL and give nearest town) Baltimore should Crownsville d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Unknown 1012 N. Carrollton Ave. Crownsville State Hospital Š YES NO I NAME OF DECEASED First Middle 4. DATE Year Last OF DEATH 12 1961 Robert Cure (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX B DATE OF BIRTH last birthday) Manths Davs Male Negro WIDOWED T DIVORCED [7] 1874 87 幸 ďω 10a. USUAL OCCUPAT ON (Give kind of work dane during most of working life, even if retired)

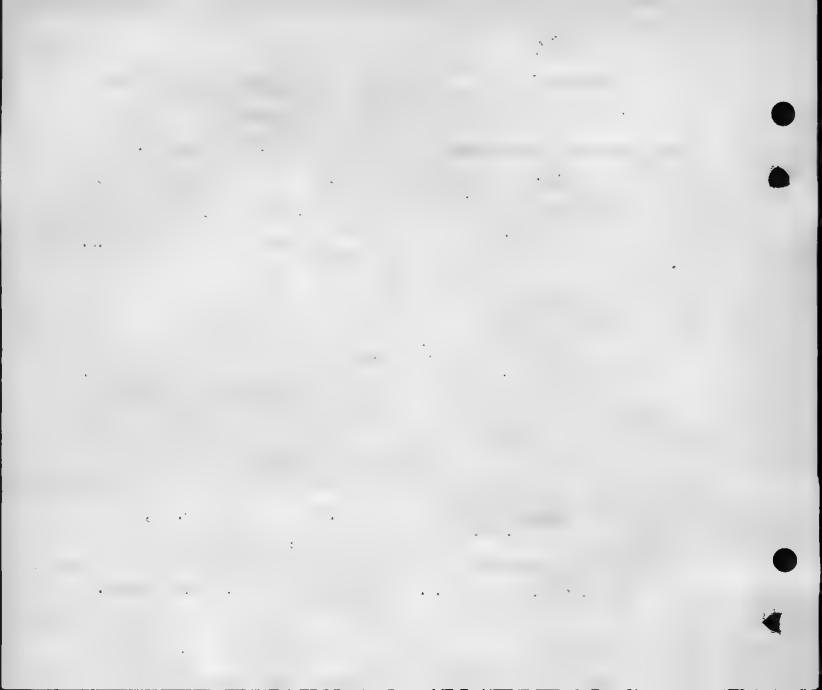
10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? U.S.A. Maryland Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Robert Key Cure Hannah Holland 0 IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mospital Records Unknown No INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY Uremia IMMEDIATE CAUSE (o DUE TO Inanition and Dehydration permit. Conditions, if ony, which (b). gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. рееп physicies peer PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? Chronic Brain Syndrome due to Cerebral and Generalized Arteriosclerosis YES NO X 20g ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Month, 20e, PLACE OF INJURY (Hame, farm, Day, Year 20d INJURY OCCURRED 20f (City or town) (Caunty) (State) factory, street, affice bldg., etc.) Hour a. m___ While - - - Netwekire at work at work 21. I certify/hat (I) (this hospital) attended the deceased from ____3/9 19 61 that (i) (we) last 61, and that death accurred at 225 M. from the causes and an the date stated above saw the deceased alive of 8 22a SIGNATURE 22b DATE 6761ED ATTENDING MED STAFF PHYS PHYS DIRECTOR | M.D DIR 22C-PHYSICIAN S 22d ADDRESS pine Boor NAME (Type) McHenry Mapp, M. Crownsville State Hospital, Maryland BURIAL CREMATION, 23b DAME THEREON 23c NAME DE CEMETERY OR EREMATORY 23d LOCATION (Stay) town, or country (State) ADDRESS 2 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 0 '61 Cirmul & record VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

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TISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) . COUNTY b. COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Anne Arundel General Hospital Prince George St. YES NO D 3. NAME OF 4. DATE M ddle Year DECEASED (Type or print) DEATH Charles DALTON 19 67 December 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 8 DATE OF BIRTH AGE (In years .FUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Male MIDOWED [DIVORCED **BVer** 10a. JSUAL OCCUPATION (Give kind of work 1 12 CITIZEN OF WHAT COUNTRY? 106. KIND OF BUSINESS OR INDUSTRY done during most of working I fe, even if retired) U.S. Alabama FATHER'S NAME MOTHER S MA DEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) į (liyes give war or detes of service) Won I 18. CAUSE OF DEATH [Enter only one cause per line for [a] ,b), end (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which geve rise to immediate cause (a), sletting the underlying ceuse lest. ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 01 19, WAS AUTOPSY PERFORMED? 200 YES TO NO 200. ACC, DENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert a of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d, INJURY OCCURRED 20e, PLACE OF INLURY (Home, ferm, 20f (City or town) 20c. TIME OF INJURY Month, Dev. Year [County] (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. at work et work 21. I certify that (I) (INDOCCUPER attended the deceased from. Dec. 16. . . 19.61 to Dec. 18., 19.61 that (I) (NOS) last saw the deceased alive on. Dec. 18. 12:05 AM 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. /61 22c. PHYSICIAN 5 22d ADDRESS NAME (Type) Barber C. Palmer, Franklin St., Annapolis, Md. 123d. LOCATION (City, fown or county) NAME OF CEMETERY OR CREMATORY . State 23e. BURIAL, CREMATION, REMOVAL* (Specify) 250, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE Child & Tirank 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



		13415	CERTIF	ICATE OF DE	ATH	Reg. Dis	1. MACQ C. C.
	1.	PLACE OF DEATH o. COUNTY Anne Arundel	MARYLA		CE (Where deceased lived by land b.	If institution, Residence COUNTY Anne A	e before admission) .ni nde l
IAI		b. CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town) FOR TEORGE G. Meade	te c. LENGTH OF STAY IN		N (If outside corporate limit	s, write RURAL and gi	
51		d NAME OF HOSPITAL (If not in hospital, give strong in the	reet address)	d. STREET ADDR	1819-B Heade	Heights	e. IS RESIDENCE ON A FARM? YES NO
	3.	NAME OF First DECEASED C INTY	Middle I	tost DAVIS	4. DATE OF DEATH	Month ECE BER	Day Year 10 1961
(I)	F	male Cau woo	ARRIED NEVER MARRIED OWED DIVORCED {	12 Jen 58	last b		YEAR IF UNDER 24 HRS Days Hours Min
	L	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR I	Mory I			TEN OF WHAT COUNTRY USA
	L	Farnest Davis		Anna Her			
	IS.	WAS DECEASED EVER IN U. S. ARMED FORCES? . no or unknown} (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT Father	Same as i	Address tem 2d	
		18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 4 days
		Conditions, if ony, which gave rise to immediate DUE TO	Cystic Fib	rosis			Congenita
	z	Lying cause lost. (c) Part II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	BUT NOT BELATED TO THE	TERMINAL DISEASE CONDU	NON CIVEN IN DARK	LIE WAS THEOREM
U	FICATION		DESCRIBE HOW INJURY OCC				PERFORMED? YES NO
	AL CERT	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
	MEDICA	Hour o.m. Wi	nile Nat while work of work	factory, street, office bld		,	unty) (State)
		21. I certify that I attended the dece alive an 10 Dec 19		, 19 61 , to eath accurred at 10	10 Dec :30 At, fram the c	1961 , that I la	ist saw the decease
		ACTUAL ALGUSTON	7.1.	77.2 h	ADDRESS (Street, city ugh Army Hos	or town, state)	DATE SIGNE
,		SIGNATURE ALLINGUA AT	-Burn Dy	M.D	ugn riny nosi	, , , , , , , , , , , , , , , , , , , ,	. Meade, Ad.
* colonge		PHYSICIAN'S STIPPINAN S. POI	BINSON, Capt.,	M.C.	ugh Tiny nosi		Menue, Ma
* colored		PHYSICIAN'S STIPPINAN S. POI BURIAL, CREMATION, 22b. DATE THEREOF		M . C .	22d LOCATION (City		(Stote)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



. IS RESIDENCE

YES NO 🔽

1961

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12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

[Stata]

(State)

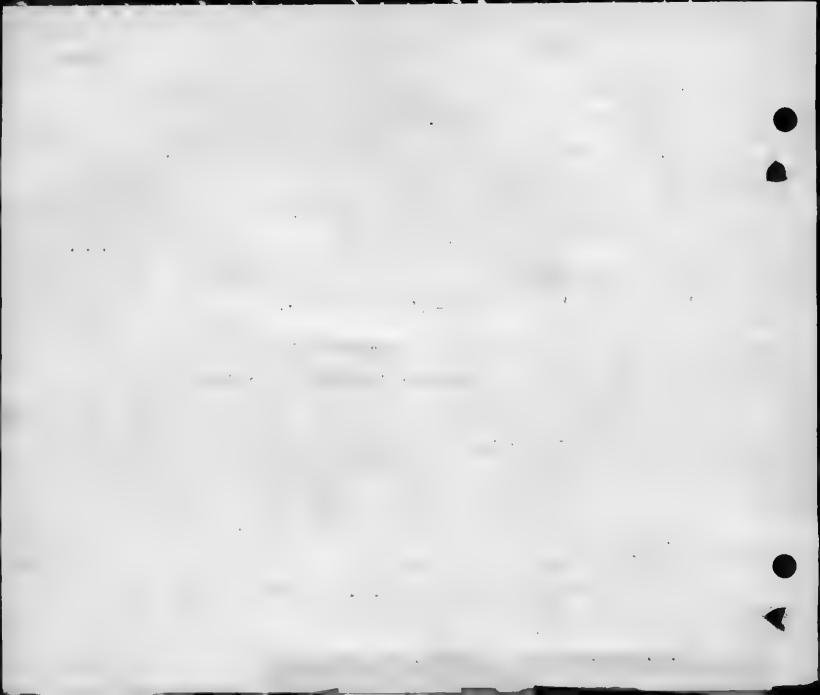
18/61

U.S.A.

(County)

ON A FARM?

15M 9/60

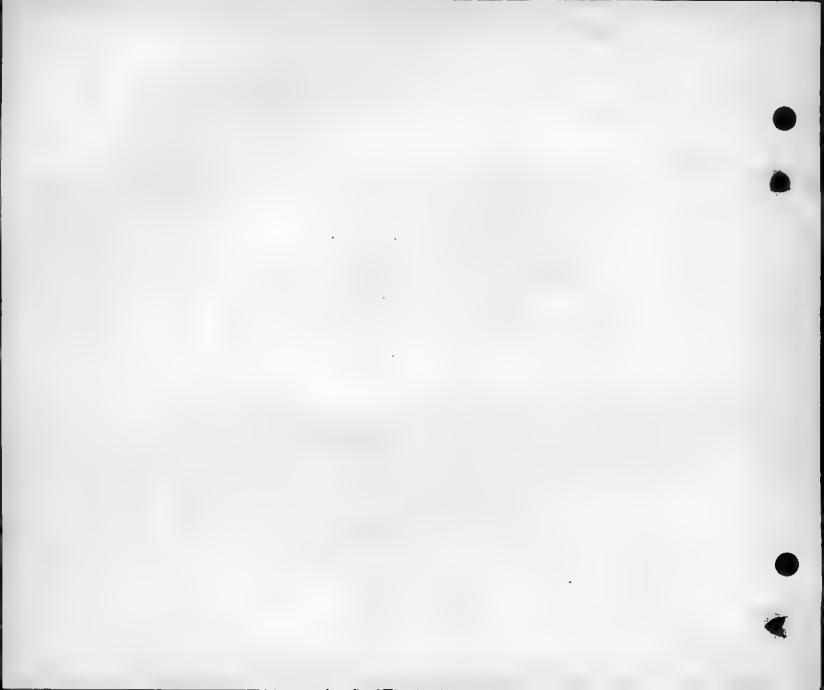


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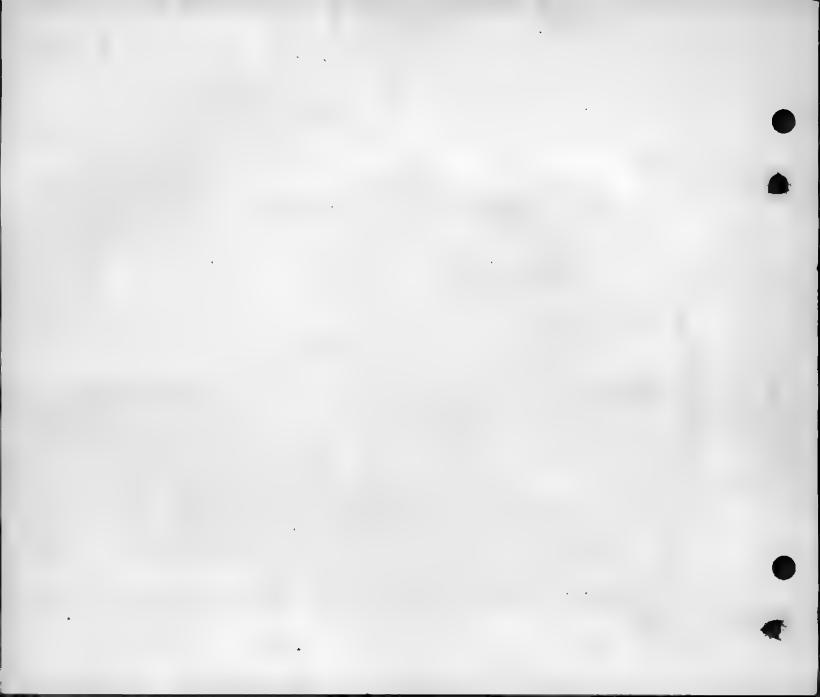
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	. COUNTY Q. Q.	MARYLAND	o. STATE	b. COUNTY
Ь	CITY OR TOWN (If outside corporate limits, write RURA) and give negress lown	c. LENGTH OF STAY IN 1b	c. CITY OF TOWN-II outside corporate li	mits, write RURAL and give nearest lawn)
c	I. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES \(\) NO
] [IAME OF PECEASED (First Property of Pecease)	Robert	Dayrial DEATH	Del G 1961
2	Mule nelute widow		2-14-1885	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs Min.
8	USUAL OCCUPATION (Give kind af wark dane 10b. during most af warking the, even if refired)	rada Mai	Hagerstown D	12 CITIZEN OF WHAT COUNTRY
13. (ATHER'S NAME WINKUION		14. MOTHER'S MAIDEN NAME	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 no. or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO 17 E	aroline S. Dayu	valt 2
	18. CAUSE OF DEATH [Enter only one cause per li PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (a), (b), and (c).]	worth E	NTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which (b)	mila	eteric to to	ne 6 mm
	gave rise to immediate cause (a), stating the under-lying cause last.			
CATION	PART II. OTHER SIGNIFICANT CONDITIONS S	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIF.	20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar Part II of	item 18.)
MEDICA	20c. TIME OF INJURY Month, Day Year 20d II Haur a.m. 19 While p. m. 19	Nat while fo	ACE OF INJURY (Hame, farm 20f (City ar to ctary, street, affice bldg., etc.)	own) (Caunty) (State
	21. I certify that (1) (this haspital) attends saw the deceased alive on			27, 1994, that (1) (we) las
	220 S STATURE	and that the		AFF S GNED
	PANS CIKN'S NAME CLAPS AND MISS	41PLEY	Muspoli M	ad. 12-11-5/
	BUR AL CREMATION 236 DATE THEREOF BEMOVAL (Specify) 12-12-61	23 CHAME OF CEMETERS C	Cenet 236 LOCATION	(City, town, or county) Wilel
24	ruleral DIRECTOR'S SIGNATURE ruler M. Juylur Sv.	ns (Ismapo	Lis Md. 250. REC'D BY REGISTRAR DATE 1 1 3 161	25b. REGISTRAR'S SIGNATURE Onling L. Thomas



			79419		CERTII	FICAT	E OF DEATI	1		Reg. Dist. 1	N4 2200
A)	1.	COUNTY AN	ne Arundel	L	MARYL	LAND 2	o. STATE TY I	bern deceased I	ived. If institution b. COUNTY	ni Residence b Anne	Arundel
		RURAL ond give	(If outside corporate liminearest town) aden a	ts, write c. L	birth	N 16	c. CITY OR TOWN (IF		te limits, write RU	RAL and give	nearest town)
X		OR INSTITUTION	Rt.9.box	ive street addre	255)		d street ADDRESS Rt. 9. box7:				IS RESIDENCE ON A FARM? YES NO N
1	3	NAME OF DECEASED (Type or print)	fii Rrai	ı ıklin	Middle		Last	4. DATE OF DEATH	Mont		Doy Year
		Male	6. COLOR OR RACE			0 0 0 1	DE AN , Jr. DATE OF BIRTH 6 -12-61			if UNDER 1 YE	AR IF UNDER 24 HR
	10a	. USUAL OCCUPAT	ION (Give kind of work rking life, even if retired	done 10b KIND				1.7		12. CITIZEN	N OF WHAT COUNT
	13.	FATHER'S NAME	Franklin	n Dean	Sr.		4 MOTHER'S MAIDEN		ay		
	15 (Ye	WAS DECEASED EV	ER IN U. 5. ARMED FOR (If yes, give war or dates of s 20.0	CES? 16 SOCt	AL SECURITY NO	17 INFO	cher-same	addres	Addre	PS &	
			ATH (Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	}			Pneumonia			0	NTERVAL BETWEEN SHIPS AND DEATH 24 hrs.
		Canditions, if gave rise to cause (a), stating lying cause last	any, which) (b immediate DUE TO)			***************************************				
	CERTIFICATION		THER SIGNIFICANT CON		N	one				N IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
		(IF EITHER NOTIF	AS UNDERLYING OF CAUSE OF DEATH Y MEDICAL EXAMINER)		No 1	njur					
	MEDICAL	Hour a.m.	RY Manth, Day, Ye		tVot while at work	ractory	OF INJURY (Home, form, street, office blog, etc			{Coun	
		21. I certify talive on	hat I attended the				, 19 61, to curred at 8 20	M, from	the causes a	nd an the a	
1		ACTUAL SIGNATURE	H-F-	Mann	zak	м.D	,	•	et, city or town, s nie Hwy		Dec1961
	20.	PHYSICIAN'S NAME (Type)		ızak,M			Glen Bu			- Option - An dear and Co. Co. All and I	
	L	Burial Specific		1	Magothy	r Cem	etary	Anns	Arund	eT CO'	
,	23.	FUNERAL DIRECTO	Clivy 6.	Vilson	1000 Br	rantl	ey Ave REC	D BY REGISTRA	AR 24b. REGIST	rar's signa	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



A HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the hours after attention and by the hospital or attending physician.

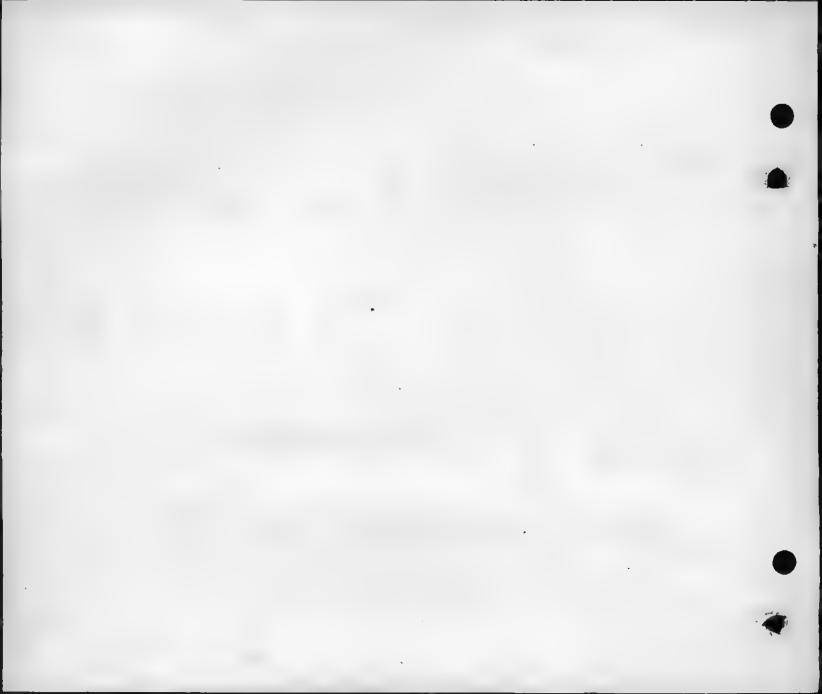
FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be defacted for use as the burial-transit permit. Then please remove carbon papers. Pages ft and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any fivest, within 72 hours after death.

VR A15 (4 15M 9/60 (4) MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
4226 DIVISION CERTIFICATE OF DEATH 13399

	1. PLACE OF DEATH a. COUNTY Anne Arundel Baltamone/ b. CITY OR TOWN (If outside corporate I mits, c. LENGTH OF STAY IN 1b) 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE b. COUNTY Anne Arundel Md Real/timone/ c CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest lown)
	write RURAL and give naerast fown) Brook Ivn Md. d. NAME OF HOSPITAT OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
	210 Hillcrest Ave. 3. NAME OF DECERSED (Typa or print) Leila M. Dean 6. COLOR OR RACE 7 MARRIED DIVINEYER MARRIED 18. DATE OF BIRTH 7. SEX AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS.
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years if UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. Female White WIDOWED DIVORCED Jan 16, 1885 106. USJAL OCCUPATION (Give kind of work done during most of working life, even if ratified) 106. USJAL OCCUPATION (Give kind of work done during most of working life, even if ratified)
-	housewife St. Marys Co., Md. U. S. A.
-	Owing Joy 15. WAS DECEMBED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unlown) { (Ifyesgiva war or delas of service) }
-	no none Mrs. Benson Dean 3608 Hineline Rd. #29 18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: [INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a)] PART I. DEATH WAS CAUSED BY: [INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a)]
	Conditions, if any, which gave rise to immediate causa (a), stating the underlying (c) Constitution of the significant conditions contributing to death but not related to the terminal disease condition given in Part 1(a) 19. Was autopsy performed?
	YES NO 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II or Part II of Iram IB.) OR CONTRIBUTING CAUSE OF DEATH
- 1	(IF EITHER, NOTIFY MEDICAL EXAMINER; 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, streat, office bldg., etc.) Not While Not While at work at work at work at work at work at work at work.
	21. 8 certify that (1) (this hospital) attended the deceased from Property of the property of
	233. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) Burial 12/11/61 Meadowridge Cemetery Elkridge, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Howard H. Hubbard 4107 Wilkens Ave. DATE 3501 ? '81





W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE I. PLACE OF DEATH 2. USUAL RESIDENCE/(Where decreased lived, f institutions Residence before edmission) e. COUNTY e. STATE b. COUNTY MARYLAND b. CITYOR TOWN (if outs de corporate lim)s. r. LENGTH OF STAY IN 16 c. C.TY OR TOWN All outside corporete limits parrite RURAL and give neerest town) ģ wire RURAL and give neered town) d. NAME OF HOSPITALIOR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? lackous YES NO 3. NAME OF Middle DATE Yee DECEASED OF (Type or print) DEATH M.E V 19 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 5. SEX OF BRIH 9. AGE (In yeers | IF UNDER 1 YEAR) IF UNDER 24 HRS. lest birthday) Months Days Hours WIDOWED [DIVORCED please remain 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INQUSTRY 1 12. CITIZEN OF WHAT COUNTRY? gr country) TICER 13. FATHER'S NAME 14. MOTHER'S aftending 15, WAS DECEASED EVER IN L.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per l'ne (or ,e), (b), and (c).! INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if any, while Tb1 gave rise to immediate cause DUE TO (e), steting the underlying has the certificate PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS) PERFORMED? YES NO -208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 1 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) After this IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 2Dd. INJURY OCCURRED : 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) [County] Month, Dev. Yeer (Slele) Not While fectory, street, office bldg., etc.) While Hour a.m. et work at work attended the deceased from March saw the deceased alive on. 22e. SIGNATURI 22b. DATE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M.D ith. Page FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type 23d. LOCATION TELY, town or county) 238. BURIAL CREMATION, 236. DATE THEREOF 23c. NAME DE OR CREMATORY FUNERAL DIRECTOR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 [4] 162 15M 9/60

VARYLAND STATE DEPARTMENT OF HEALTH



LAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND 13402 CERTIFICATE OF DEATH 13422 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY Anne Arundel o. STATE Mary Land b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 8 y.8 mo.11 d. Tucker Lane, Ednor P.O., Maryland Crowness 1.1 a hid d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION ON A FARM? Crownsville State Hospital YES NO F _ NAME OF 4. DATE Middle Month Yeor DECEASED Mary Lillian Dockett (Type or print) DEATH 12 1967 8 DATE OF SIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthdoy) Months Fental e WIDOWED [DIVORCED [YES. papers. and cam ban pape 72 haurs 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during (popper working life, even if retired) Maryland None U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN: NAME John Wesley Dockett Annie Ford Dockett 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address None Hospital Records 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH Tuberculosis of lungs PART 1. DEATH WAS CAUSED 8Y: MMEDIATE CAUSE (o) **DUE TO** permit. Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 PERFORMED? YES P NO T 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while of work of work p. m. 21 I certify that (1) (this haspital) attended the deceased from 4/15 1953 to 12/26 , 1961, that (I) (we) last __ 19 61, and that death accurred available from the causes and an the date stated above. saw the deceased alive an 22d SIGNATURE SIGNED ATTENDING MED DIRECTOR 22c. PHYSICIAIS'S 22d. ADDRESS 23d LOCATION (City, town, or county) 23c NAME OF CEMETERY OR CREMATORY (Slote) JOHN WESLEY 250 REC'D BY REGISTRAR ANNE SLIGHAMMA 25h. REGISTRAR'S SIGNATURE



MAKTLAND	21 VIE DE	'AKIMENI C	IF HEALTH
IVISION OF STATISTICAL	RESEARCH AND	RECORDS - BAL	TIMORE 1, MARYLAND

	DIVISION	OF STATISTICAL RESEARCH AND RECORDS — BALTIM
	13423	CERTIFICATE OF DEATH
PLACE OF DEATH		2. USUAL RESIDENCE (When

13403

1.	PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (W	/here deceased	l lived If institution	on Residence	before adm	fion)
	ne Arundel	MARILAND	Same	San	ne			<u>.</u>
L	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corpo	rate limits, write RI	JRAL and giv	ve nearest to	vń)
-	Glen Burnie	17 y.	X Same					
	d NAME OF HOSPITAL (If not in hospitot, give street OR INSTITUTION	address)	d STREET ADDRESS				ON	A FARM?
	18 <u>Highland Rf</u> Marley Pa	rk	Samr				AF2	NO 🔽
3.	NAME OF First DECEASED	Middle	Last	4. DATE OF	Mon		Day	Ýear
	(Type or print) Edward L. Driver			DEATH	Dec. 10t			1961
\$.	A .		B. DATE OF BIRTH		9. AGE (in years lost birthday)		YEAR IF UN	
L	M MIDOWI	ED DIVORCED	1/15/11		50y, yrs.			
100	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUS NESS OR INTUS	TRY THE BIRTHPLACE (Stote	e <mark>or foreig</mark> n co	ountry)	12 CITIZ	EN OF WHAT	COUNTRY?
	Butcher Co	rkran Hill &	Co.Baltimore			USA	A	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
	Frank T. Driver		Hattie Gra	ace				
	WAS DECEASED EVER IN J. S. ARMED FORCES? 16 s. no. of unknown) [(If yes, give wer or dates of service)]	SOCIAL SECURITY NO 17. IN	IFORMANT		Addr	ess		
Ľ		5-19-9528 M	rs. Vattid/V	HARY N	Mabel Dri	ver (v	vife)	
	18 CAUSE OF DEATH [Enter only one couse per fit	ne for (o), (b) and (c).]					NTERVAL	BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COT	onems Theomhon	ie				ONSET AN	eeks
	DUE TO	CHALLA THEOMOOR	T9				W	JONO_
	1 0							
	Conditions, if any, which (b).							
	couse (o), stoting the under-							
	lying couse lost. (c)							
Z	PART IL OTHER SIGNIFICANT CONDITIONS (ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERA	AINAL DISEASI	CONDITION GIV	EN IN PART	1(o) 19, WA	AUTOPSY
CATION								ORMED?
TER	20a ACCIDENT WAS UNDERLYING [] 20b. DES	CRIBE HOW INJURY OCCURRE	D (Enter noture of injury in	Port I or Port	II of item 18)			
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH							
MEDICAL			ACE OF INJURY (Home, for		or town)	{Cc	ounty)	(Stote)
EDI	Hour o m. While	THOI WILLIE	tory, street, office bldg., et	tc.)				
>	p. m. 19 of wor	K OI MOLK	11/27/61	<u> </u>	12/10/61			
	21 I certify that (1) (this haspital) attend	led the deceased fram.	11/21/01	9. (.ta_)	12/10/01	, 19	_, that (I)	(we) last
	saw the deceased alive an 12/1/61	19, _ / and that d	leath accurred at7	AM, fram	the causes an	d on the	date state	ed abave
	220 SIGNATURE							22b DATE
	Buslave H.Kac	eleste.		MED.	STAFF PHYS.		10/10/	SIGNED
	22c PHYSICIAN'S		22d ADDRESS				14/10/-	01
	NAME (Type) Gustave H. Fau	ubert,M.D.						
-			Glen Bur	nie,Md				
230	BURIAL CREMATION, 236 DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY O	R CREMATORY	23d LOCAT	ON (City, town, o	or county)	{St	ote)
	12-14-60	John Ber	In Cay.	Stell	erica 1	7 gy		
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC	D BY REGIST	RAR 2Sb REGIS	TRAP'S SIG		
1	Colleged Foreson 2359	Wash Block Bo	TA BE DATE!	212'6	1	1	"Alla."	

TO HOSPITAL TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of death. Page 4 to be retail by the hospital or affecting physician.

TO UNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletel for the distribution of the filed with page 3 shoull be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 12 haurs, after death. death. Page 4 TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

VR A1S (4) ISM 9/5



HYLAND STATE DIPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13424 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institutions a. COUNTY b. COUNTY Anne Arundel Anne Arundel MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) b. CITY OR TOWN (if outside corporete I mits, Le LENGTH OF STAY IN 16 write RURAL and give negrest town) 35 minutes RURAL - Edgewater Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give siree address) ed. STREET ADDRESS . IS RESIDENCE ON A FARM? Anna Arundel General Hospital Rt-3, Box-189 YES NO 3. NAME OF Middle DECEASED (Type or print) DEATH Baby Girl. DUCKETT December 6. COLOR OF RACE 7. MARRIED NEVER MARRIED TY B. DATE OF B RTH 9. AGE (In years) IF UNDER 1 YEAR | IF UNDER 24 HRS. lost birthday) Months . WIDOWED [DIVORCED T Dec. 11, 1961 Female 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 8 RTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland U.S. 13. FATHER'S NAME MOTHER'S MAIDEN NAME Jean Isaac James W. Duckett 큡 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give wer or dates of service Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c) [INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying hospital or an certificate has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS ALTOPSY as o PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED, [Enter nature of plury in Part | or Part | 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ' 20f. [City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) (Stata) factory, street, office bldg., etc.) While Not While Hour a.m. el work et work 21. I certify that (I) (100000000) attended the deceased from. Dec. 11,...., 19.61 to Dec. 11,...., 19.61, that (I) 0000 last ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN S NAME (Typo) Robert A. Riley, Jr., MD 69 Franklin St., Annapolis, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Davidsonville Methodist | Davidsonville, Md. Dec. 11, 1961 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. VR A15 (4) DATE DEC 1 3 '61 Cathur S. Kraug 15M 9/60 Hopping Funeral Home Annapolis, Md. _ 2.63192 XV



	13425	STATISTICAL RESEARCH		RECORDS — BALTIA OF DEATH		•	4 '	2/1	05	
	PLACE OF DEATH		1 2.	USUAL RESIDENCE (Whe	are decease	d lived If institute	an. Reside	nce befo	re odmiss	sion)
	Anne Arundal	MARYLAND	- 11 - 4	Maryland		ь. солиту				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town)	c LENGTH OF STAY IN 16		c. CITY OR TOWN (If or	utside corpo	rate limits, write R	JRAL ond	give ne	orest town	n)
	Pasadena	1½ day		3606 Ninth	Stre	et	_ 2	12/	1.4	
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION)	oddress)		d. STREET ADDRESS					e. IS RES	SIDENCE L FARM?
	Mrs. Bank's Care Home			Baltimore 2	25				YES [
	NAME OF First DECEASED	Middle		Last	4. DATE OF	Mon	th	Do		Year
	(Type or print) Daniel Howard	Duffey			DEATH		24th,			1961
5	SEX 6. COLOR OR RACE 7 MARR	IED NEVER MARRIED	B. D/	ATE OF BIRTH		9. AGE (In years last birthday)	Months	R 1 YEAF Days	Haurs	ER 24 HI
	M WIDOWE	ED X DIVORCED	1 3	1/15/84		77 yrs.		,-	110010	
10c	USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) Retired Machinist	KIND OF BUSINESS OR IND	USTRY	Anne Arun			12.CI1	USA	F WHAT (COUNTR
13.	FATHER'S NAME		14	. MOTHER'S MAIDEN N	AME					
	William Duffey			Annette J	ohnso	n				
	WAS DECEASED EVER IN J S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFOR	MANT		Add	ress			
•		6-10-7256	Mr.	Elmer L. Du	ffev	(son)Gle	Bur	nie	Md.	
	18. CAUSE OF DEATH [Enter only one couse per lin	ne for (a), (b), and (c).]						INT	ERVAL BE	
	PART I. DEATH WAS CAUSED BY.	rterioslerotio	:VAS	cular disea	888			ON	SET AND	P DEATH
	450.0 DUE TO									
	Conditions, if any, which (b)									
	gove rise to immediate couse (a), stating the under-									
	lying couse last. (c)									
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	UT NOT	RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o)	PERFC	AUTOPS PRMED? NO [
	200. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Er	nter noture of injury in P	ort I or Par	t II of item 18)				
EDICAL	Haur a m. White			OF INJURY (Home, form, street, office bldg., etc.		y or tawn)		(County))	(Sto

ot work at wark saw the deceased alive on.___ . 19___, and that death accurred at 8_PNM:ram the causes and an the date stated above 226 DATE 12/27/61 **SIGNED** MED. 72c PHYSICIAN'S NAME (Type) Gustave 22d ADDRESS H. Faubert, M.D. Glen Burnie, Md. 230 BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, Iown, or county) REMOVAL (Specify) Ritchie Hwy A Co. Bartel Dec. 28, 1961
24 FUNGRAL DIRECTOR'S SIGNATURE Cedar Hill Cemetery ADDRESS 250 REC'D BY REGISTRAR 3E6 2 9 '61 - Thank S. Flraus 4001 Ritchie Hwy (25) George J. Gonce

completely NOTIFIED DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the buriol-transit permit, the State Board of Health priar to buriol, crematian, or removal, or



MAK	TLAND	SIAIF	DEP.	AKIMEN	I Or	HEAL	.IH
ION OF S	TATISTICAL	RESEARCH .	AND	RECORDS —	BALTIM	ORE 1,	MARYLAND

DIVIS

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_	الدعد		تسد	-3-	4

L	- Free	3426		CEKTIFIC	AIE	OF DEATE			1.34	106	j	
	LACE OF DEATH				2.	USUAL RESIDENCE (M	here deceased	lived. If institution	on: Residenc	e before	admission	1,
'	Anne Arund	lel ·		MARYLAN	D	Maryland		Balt:	imore	City	, ,	
	CITY OR TOWN (If	autside carporote limi	ts, write	c. LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN (If	outside corpor					
	Crownsvill	,		Z years Zmos. 4 days	a	Baltimor	'e		31	11.	- 4	
	d. NAME OF HOSPITA	AL (If not in hospital, g	jive street a			d. STREET ADDRESS				e.	IS RESIDI	
		e State Ho	spita	1		1108 Per	msy <mark>lv</mark> a:	nia Aven	ue		YES 🔲 N	
	NAME OF	Fir		Middle		Last	4. DATE	Mon	th	Day	Yeo	Þľ
	Type or print)	Al	ice	Davis		Edwards	OF DEATH	1:	2	8	19	61
5. 5	EX	6 COLOR OR RACE	7 MARRIE	D NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years	IF UNDER			
	Female	Negro	WIDOWED	DIVORCED [3 6	June 1, 188	88	last birthday)	Months	Days	Hours	Min
10a	USUAL OCCUPATIO	N (Give kind of working life, even if retired	dane 10b. K	IND OF BUSINESS OR IN	NDUSTRY	11 BIRTHPLACE (Stoke	e ar foreign co	ountry)	12.CITI		WHATCO	JNTRY?
	Unemployed		'		-	North Ca	rolina			U.S	.A.	
13.	FATHER'S NAME		1.		1	4. MOTHER'S MAIDEN	NAME		-			
	Anzi De	vidson				Jane Car	well					
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO. 1	7. INFO	RMANT		Addı	ess		·	
1,	No	ir jes, give wor or oones or s		nknown	Ho	spital Reco	rds					
	18. CAUSE OF DEA	TH [Enter only and co	use per line	far (a), (b), and (c).]							VAL BETW	
	PART I. DEA	TH WAS CAUSED BY:	1	Septicemia						ONSE	I AND D	CAIM
	7/5	DUE TO	4									
	Canditions, if ar	iy, which) (b	,	Bed Sores								
	gave rise to in	nmediate (
	cause (a), stating t lying couse last.	ne <u>under-</u>	1									
ĕ			_	ONTRIBUTING TO DEATH		T RELATED TO THE TERM	AINAL DISEASE	CONDITION G V	EN IN PART	1(a) 19	WAS AU	TOPSY
CATE	Syph	ilitic Car	diovas	cular Disea	3 e			1.414	X		-	NO 📆
CERTIFICATION	20g. ACCIDENT WA	S UNDERLYING	20b. DESC	RIBE HOW INJURY OCCU	IRRED. (I	inter nature of injury in	Part I or Part	Il of item 18.)				
	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)										
MEDICAL		Month, Day, Ye			PLACE	OF INJURY (Home, far, street, affice bldg., et	m, 20f (City	ar tawn)	(C	(aunity)		(Stote)
WED	Hour a.m.	19		ot wark	locidiy	Zaree Julies blog., e.	.,					
	2) I cartify tha	(I) (this hasnita	1) attende	ed the deceased fra	100	9/4/	2 59 to	12/8	10 (51 the	at (I) (we	e) last
	saw the deceas	. // "		_//9.61, and the				the couses on				
	220 SIGNATURE		• · · · · · · ·	# // drid the	ar dea	The decented dis-	agen, main	ine caoses an	d On The	. 0010	22b [
	N Lisk	MI OU	un!	119/1	M D	ATTENDING PHYS	NED DIRECTOR	STAFF PHYS			12/1	1/61
	22c PHYSTCIAN'S	1	1	11		22d. ADDRESS						
	NAME (Type)	Lionel Mc	Henry	Mapp, M. D.		Crowns	rille S	tate Hos	pital.	Ma:	rylan	id
230		N 236 DATE THEREC	OF .	236 NAME OF CEMETER	EY OR,C	REMATORY	23d_LOCAT	ION (City, town,	or caunity)		(State)	
luce	REMOVAL (Specify)	(12-26.	- 616	71.07 7	12		Bul	to.	72			
24.	FUNERAL DIRECTOR"		,	ADDRESS	1	25a REC	D BY REGIST	: 3	STRAR S SIC			
1	N n(1 '	11.		1.5.	1 2	L	FEC 2 9 to	71	1 4.	Hum	6	

TO HOSPITAL OR FENDING PHYSICIAN: The law requires that the death merificate be executed within 24 haurs after Page 4 be remained to an absolute or attending physician.

TO NERAL DIRECTOR: After this merificate las basen signed by the attending physician and completely at in by the final director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after adout.

VR A15 (4) 15M 9/59



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY MARYLAND /Inne / vrunde b. CITY OR TOWN (if outside corporate limits, c CITY OR TOWN (If outs de corporete limits, write RURAL end give neerest town) E. LENGTH OF STAY IN 16 write RURAL and give nearest town) Masadena d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH December 19 Ü carbon 5. SEX IF JNDER 24 HRS. AGE (In yeers | IF UNDER 1 YEAR , MARRIED DEVER MARRIED pue last birthday) WIDOWED Ohym. 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME attending uniquinda Bayer rederick TICKUS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) ((If yes give wer or detes of service) 2-01-00/0 11/13. 18. CAUSE OF DEATH (Entar only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET, AND DEATH IMMEDIATE CAUSE (+) **burnal-fransit** DUE TO rterio-sclerosis gave rise to immediate cause DUE TO (e), stating the underlying the bur burial, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY certificate PERFORMED? NO NO 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of tam 18.) After this 20c. TIME OF INJURY 20d. INJURY OCCURRED : 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) Month, Day, Year factory, streat, office bldg., etc.) Not While While et work et work attended the deceased from October saw the deceased alive on., 22b. DATE 22a. SIGNATURE ATTENDING SIGNED PHYS. PHYS. M.D 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) Durial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE DEC 2 9 '61 15M 9/60 Harrord Koad



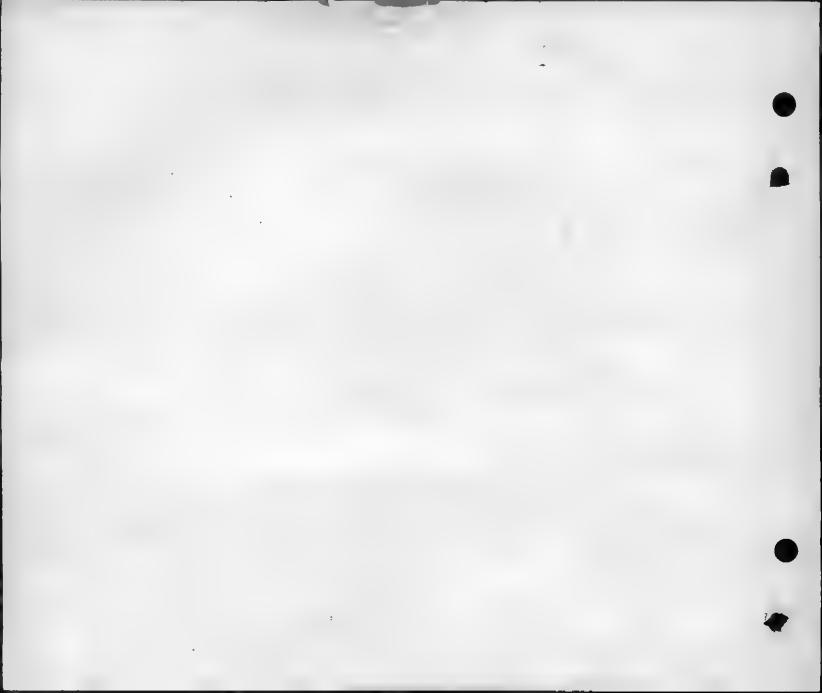
13428 CERTIFICATE OF DEATH

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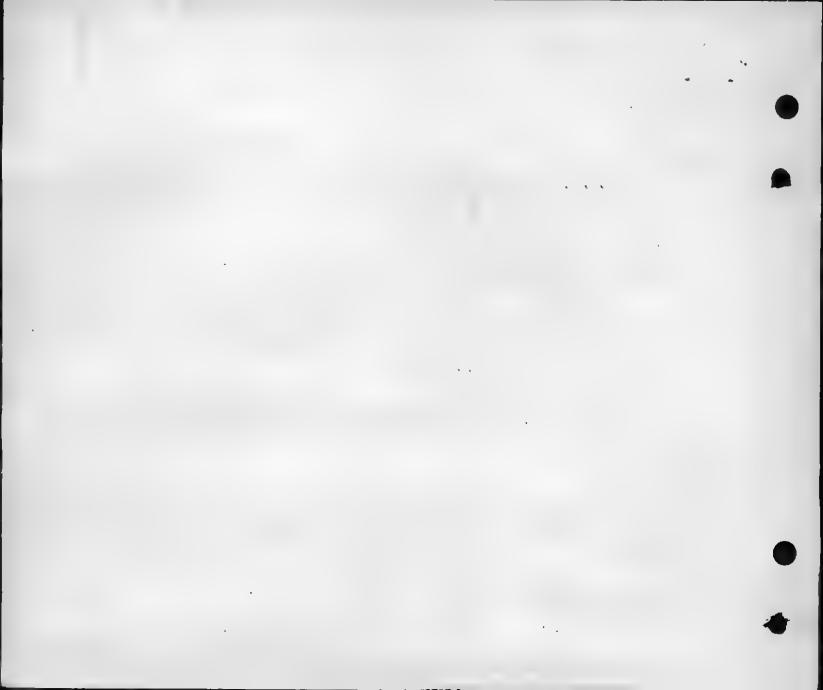
PLACE OF DEATH AAA	MARYLAND 2. USUAL RESIDEN	E (Where deceased lived. If institution Residue) b. COUNTY	desce before admission)
b CITY ORNOWN (If outside corporate limits, write RURAL and give nearest trace)	OF STAY IN 16 c. CITY OR TOW	1000 y Ri	d give nearest town)
d NAME OF HOSPITAL (If not in bosental give street oddress) OR INSTITUTION	S. d STREET ADDR	mil a time whole a t	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED [Type or print] E/First Mbeta	Middle fixile y Lost	4. DATE Month	Pay Year 19
S. SEX 6. COLOR OR RACE MARRIED NEV	ER MARRIED B. DATE OF BIRTH	7 C 9. AGE (In years IF UND lost birthody) Month	ER I YEAR IF UNDER 24 HRS S Days Hours Min
10a. USUAL OCCUPAT.ON (Give kind of work dane 10b. KIND OF BL during most of working life, even if retired)	ISINESS OR INDUSTRY 11 BIRTHPLACE	(State or foreign fountry)	ITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME CLAS. OCTM.	14. MOTHER'S MAI	Job 119	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17, INFORMANT	171169 - 2 Address	€
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ond (c).]	refle Frence	INTERVAL BETWEEN ONSET AND DEATH
Conditions of any, which) (b)	there we say	" leve to dit	7. T
gove rise to immediate cause (a), stating the under- lying cause last. DUE TO (c)	Patrices.	1	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	IG TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO
	INJURY OCCURRED. (Enter noture of inju	ury in Part 1 or Part 11 af item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCU	hile foctory, street, office bld		(County)(State)
21. I certify that (I) (this hospital) aftended the de	eceased fram.	19 Cd. ta i 2: 14, 19	that (I) (we) last
saw the deceased alive an 1900 220. SIGNATURE	ATTENDING L	MED STAFF	the date stated above. 22b DATE SIGNED
22c PHYSICIAN'S NAME (Type) Trin A Trin Y	M.D. PHYS.	P DIRECTOR PHYS	in the second
23a BURIAL CREMATION, 23b DATE HEREOF 23c NAME REMOVED Specify) 23b 23c NAME	E OF CHARTERY OF CREMATORY	23d LOCATION LICITY, town, or count	y) (Stote)
24 FUNERAL DIRECTOR'S SIGNATURE ADDR	100 100	REC'D BY REGISTRAR 256, REGISTRAR'S	SIGNATURE ' Tin and
1 400 0	UA	IEBPO K I	

TO HOSPITAL OR ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after the Page 4 to even ned to a spiral and attending physician.

TO EXPERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fined in by the fundral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board at Health priar to burial, cremation, ar remaval, and in any event, within 72 hayrs after death. VR A15 (4) 15M 9/59

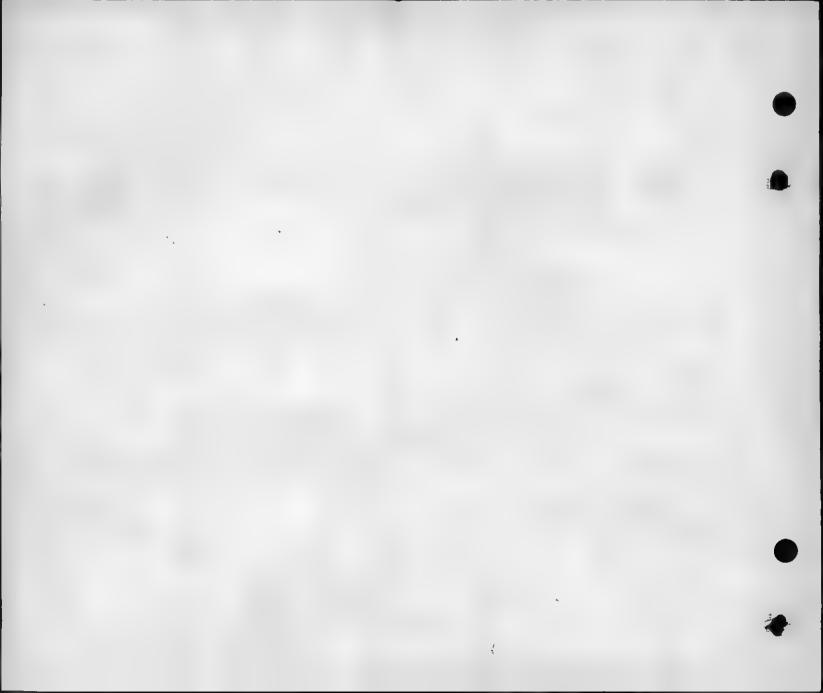


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) a. COUNTY 6. COUNTY MARYLAND b. CITY OR TOWN (If pulside corporate limits, write RURA) c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If butside corporate limits, write RURAL and give negrest town) FOUN SVILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 720 YES NO NAME OF Middle DATE Year DECEASED OF DEATH Cach (Type or print) 19 6/ 21 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2 8. DATE OF BIRTH 9, AGE (In years S. SEX IF UNDER TYEAR IF UNDER 24 HRS Months Days Min. WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) NORIH. CAROLINA UNKNOWNI. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME UNKNOWAL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enfer only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 15 PTICEMIA due - to - 9 AN 9 YENOUS - Ded 7-6-6 To 30893 **DUE TO** Subdurel - Nematoms -Canditians, if any, which 612.01d - 25-6 gave rise to immediate cause (a) stating the underlying - Hugeture- Ribs-odd cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES TH NO F 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Eilher atellaum -was a pushed - out - v+ 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 120f. (City or fawn) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, affice bldg., etc.) While Nat while -6-61 19 at wark at wark 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection [Inquiry Accident A Suicide . death resulted from: Natural causes . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (State) 3/62 Hospital Cemetery Crownsville 23. FUISTRAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15MEISI DATE SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. COUNTY b. COUNTY Anne Arundel Maryland Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MERVIAND b. CITY OR TOWN (if outside corporate I mits. c. LENGTH OF STAY N 16 write RURAL end give nearest lown) Edgewater Vears <u>_</u> Edgewater Filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Muddy Creek Rd. YES NO 3. NAME OF Middle 4. DATE Year Month DECEASED OF Eva (Type or print) Augusta Gross DEATH 19 61 6. COLOR OR RACE 17, MARRIED NEVER MARRIED 5. SEX 9. AGE (in years (IF UNDER) YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH lesi birthdey) Months Female Negro WIDOWED T DIVORCED July 30, 1897 64 religove 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired) Anne Arundel Co. Md. U.S.A. House-wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Sharps Louise Moulden 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unkawn) (Ifyes give we sor dates of service) Mrs. Gladys Neal, Edgewater, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter on y one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Cerebral Thrombosis 8 days IMMEDIATE CAUSE (e) DUE TO Hypertensive Cardiovascular Renal Disease vears geve rise to immediate cause DUE TO (a), stelling the underlying Arteriosclerosis - Generalized 15 years PART .I. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO T Uremia, Hypostatic Pneumonia, Decubitus Ulcers 206 ACCIDENT WAS JNDER.YING | 206. DESCR BE HOW IN.URY OCCURED. (Enter neture of injury in Part Lor Pert Lof Item 18.)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 20e. PLACE OF NJJRY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., etc.) Not While at work al work 19 59 to Dec. 1961, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from... March saw the deceased are on Dec. Nand that death occurred at 400 M, from the causes and on the date stated above. 22e. 5 GNATUR ATTENDING. SIGNED STAFF DIRECTOR PHYS. PHY5. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Lionel McHenry Mapor 20 Dean Street. Annapolis. Maryland 23d. LOCATION (City Nows or county) BURHAL, CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 25% REC'D BY REGISTRAR 25%, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 William S. Thomas

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 13432 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY g. STATE **b** COUNTY MARYLAND Anne Arundel Marvland Marvland Anne Arundel
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 16 RURAL and give negrest tawn) Annapolis Crownsville d. NAME OF HOSP TAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? 94 Clay St. YES NO DE Crownsville State Hosnital NAME OF 4. DATE Middle Last Month Day Year Alice Hall DEATH 19 61 (Type or print) 6. COLOR OR RACE 7 MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS SEX B. DATE OF BIRTH 9. AGE (in years Negro ost birthday) Months Hours Female Days 1900 WIDOWED | DIVORCED | 100 USUAL OCCUPATION (Give kind of wark dane during most of working life even if retired)

10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign caunity) 12 CITIZEN OF WHAT COUNTRY? pop (Single Maryland U.S.A. Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Matilda Dennis 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address NO Unknown Hospital Records INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (g) Uremia 26 X DUE TO Dehydration & Inanition Conditions, if any, which (b) gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? Syphilis of the Central Nervous System YES NO K 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18) 20c, TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, | 20f (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg, etc.) a. m While Not while _____ 19_48_to___12/22 ., 1961 , that (I) (we) last (1) (this haspital) attended the deceased fram.___ 1961, and that death accurred at ____M, fram the causes and an the date stated above saw the degeased alive on 220. SIGNATORE 22b, DATE ATTENDING STAFF PHYS MED DIRECTOR M D 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) Crownsville State Hospital, Maryland McHenry Mapp. Dionel 23a BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, ŁOCATION (City, town or county) BURIAL (Sperify) Asbury 12-24-61 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR CHARLES E. HICKS 111 arm of Orthon & Hami

MARYLAND STATE DEPARTMENT OF HEALTH

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certificate has been si e as the burial-transit

attending physician

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		13733		CERTI	FICA	TE OF DEATH	1		Rog. Dist.	1634	12
1.	PLACE OF DEATH	e Aru.del		MARY	L'AND	2 USUAL RESIDENCE (Who state aryland		I If institutions			
E.	b. CITY OR TOWN (IF RURAL and give not t George G	outside corporate limi arest town) L'aade	ts, write	c. LENGTH OF STAY Unik	IN 1b	c. CITY OR TOWN (If or XOdenton	utside corporate li	mits, write RUR	AL and give	e negrest lo	wn)
,	NAME OF HOSPITA	AL (If not in hospitol, g Lray Losni (al	oddress)		d. street Address 1617C Forres	t Ave		······	ON	ESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Fin Mary		Middle Katherin	ie	lost Harrell	4. DATE OF DEATH	Month Lecen		Day 28	Year 19 61
	sex Female	6 COLOR OF RACE Negroid	7. MARR	D DIVORCE		o. date of birth 28 December 61				YEAR IF UN	IDER 24 HRS. Min. 15
10	during most of work	N (Give kind of work or ing life, even if retired)	lone 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (Stole of Maryland	or foreign country)	12. CITIZI		AT COUNTRY
13.	Silas Hari	rell Jr				14. MOTHER'S MAIDEN N. Mary N. Grai	_				
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.		other		Addres See ite			
CERTIFICATION	Conditions, if an gove rise to im couse (o), stoling t lying couse lost. Past II. OTH	he under: DUE TO (c) ER SIGNIFICANT CON	DITIONS C			NOT RELATED TO THE TERMIN			I IN PART I	PER	15 Min
MEDICAL CER	(IF EITHER, NOTIFY / 20c. TIME OF INJURY Hour a.m. p. m.	MEDICAL EXAMINER)	or 20d. It While of work	Not while	20e. PLA fact	CE OF INJURY (Home, form, ary, street, office bldg., etc.)	20f. (City or Io	wn]	(Co.	inly)	(Stole)
	ACTUAL SIGNATURE WA		19 <u>6</u>	lung	death	occurred of 1115 A	AM, from the ADDRESS (Street, o	causes and	d on the	date sta	ited abave
22	BURIAL, CREMATION REMOVAL (Specify)	1-2-	62	27c NAME OF CEME	or Orl	Mai-Cem	228 LOCATION (City town, or	county)	d ISI	lote)
23.	FURIERAL DIRECTOR'S	S SIGNATURE	100	DADDRESS TI	, a	240 REC'D	BY REGISTRAR	24b. REGISTR	AR'S SIGN		

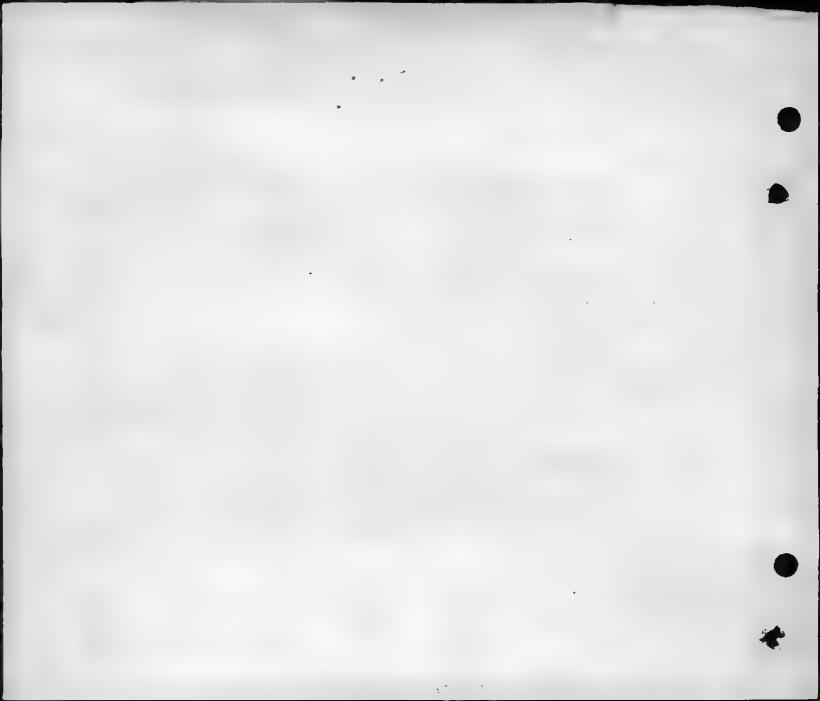
DATE

C' Man S. Krouns

death. Page 4 illed in by the Tuneral director, rages I and 2 shauld be filed with ATTENDING PHYSISTAN: The last requires that the death certificate be executed within 24 hours at may be retain the haspital or attending physician.

FUNERAL DI. COR: After this certificate has been signed by the attending physician and camples page. 3 should be detached far use as the burial-transit permit. Then please remave carbon papers, the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. TO HOSPITAL DE

VS A15 (4) 15M 9/5S



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions e. COUNTY e. STATE b. COUNTY by the and 2 death Anne Arundel MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outs de corporete limits, write RURAL end give neerest town) write RURAL end give negrest town! Pages 1 urs after Annapolis .5 -Annapolis filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Anne Arundel General Hospital West St. 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH HARRIS December Leon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH lest birthday) Months DIVORCED X Male WIDOWED Negro March 5 56 physician 10e. USJAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Siete, or fore on country) done during most of working life, even if retired) Chauffeur Taxi Cabs Maryland A .A .Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Harris Maggie Gallaway <u>a</u> 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT [Yes, no, or unknwn] (If yes give wer or deles of service) Martha Tyler-827 West St. Annapolis, Md. 18. CAUSE OF DEATH (finter only one cou PART I. DEATH WAS CAUSED BY: g physic signed IMMEDIATE CAUSE (e) DUE TO peen (e), steting the underlying icate ha NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CERTIFICATION 20e ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW NURY OCCURED (Enter neture of injury in Part II of item 18) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f, (City or lown) 20c. T.ME OF INJURY Month, Day, Year Not While fectory, street, office bldg., etc.) While Hour e.m. el work el work DIRECTOR: Dec. 28, 1961, that (1) (\$\overline{4}\overline{6}\overline{1}\ove to.. 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. Dec. 28, 1961..., and that death occured at..... M, from the causes and on the date stated above. 3:40 AM ATTENDING MED STAFF DIRECTOR PHYS. PHYS. M.D. 22d, ADDRESS NAME (Type) 110 Clay St., Annapolis, Md. L. Richardson 23d. LOCATION (City, town or county) 23e BURIAL, CREMATION , 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Annapolis, Mdl

Brewer Hill

ADDRESS

Annapolis, Maryland

Anne Arundel

. IS RESIDENCE ON A FARM?

YES NO X

19 61

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO F

> > (Stete)

SIGNED

(State)

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATE JAN 5

Cirthun & Kenns

12. CITIZEN OF WHAT COUNTRY!

U.S.

VR A15 (4) 1SM 9/60

Burial

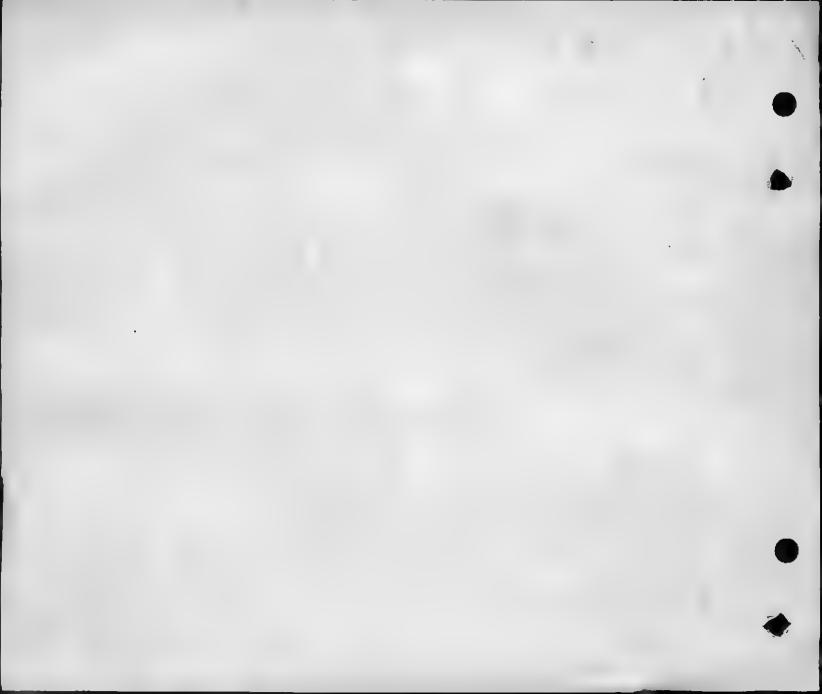
24 FUNERAL DIRECTOR'S SIGNATURE

C.E.Hicks 111



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. C.TY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give means) town) write RURAL and give nearest town) GNINDPE (15- MO d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? ANNE MOLNdel. State | YES NO X 3. NAME OF DATE Month OF may be ref. 2 with the S (Typa or print) 1961 hours after AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX NEVER MARRIED last birthday) , Months 2 yrs. 12. CITIZEN OF WHAT COUNTRY? along with form PM3. Transit permit, file pages 13. FATHER'S NAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yas, no, or unkown) ((If yas give war or datas of service) 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Office Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying Medical Examiner cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 a) 19. WAS AUTOPS CERTIFICATION PERFORMED 8 pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enlar nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. should be forwarded to the Chief PUNERAL DIRECTOR: Page 3 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, ferm, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stala) factory, street, office bldg., atc.) While Not While at work ______at work 21 I certify that I took charge of the remains described above, held an Autopsy . inspection Inquiry and in my opinion designated agent, Accident [Undetermined manner death resulted from Whateral causes Suicide I Homicide CHIEF MEDICAL EXAMINER ACTUAL. DATE SIGNED SIGNATURE EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) BURIAL, CREMATION. REMOVAL (Spacify) 0 REC'D BY REGISTRAR I VS. A15ME & round & Trans 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission a. COUNTY Filed , o. STATE b. COUNTY MARYLAND BLG b. CITY OR TOWN (If oulside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give negrest town) should EUFRNA d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM . CV YES TO NO puo Ē NAME OF 4. DATE Middle Month Dov DECEASED OF DEATH Pages (Type or print) 19 9. AGE (in years 5. SEX 6. COLOR OR RACE 7. MARRIED ☐ NEVER MARRIED ☐ B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS completely last birthday) ofter Months Days DIVORCED [WIDOWED D hours 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion ATRIKA ARMED FORCES? 17. INFORMANT altending pleose INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OCARDIAL NFARCTION the DUE TO 6 ARTERIOSCLEROSIS Canditians, if ony, which (b) gned gave rise to immediate DUE TO cause (a), stating the underhos been si lying couse last. burial-transit or ottending physicion PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY cremotion, PERFORMED? 0 YES INO IT 20b, DESCRIBE HOW INJURY OCCURRED, fenter nature of injury in Port I or Port II of item 18) 20a. ACCIDENT WAS UNDERLYING [certificote OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour o. m. While Not while 0 at work at work detoched for After 21. I certify that (1) (this haspital) attended the deceased from 1955 _, 19___, that (1) (we) lost 6(, and that deoth accurred of 5 AM, from the couses and on the date stated above. saw the deceased glive on de OR: 220 SIGNATURE 226 DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR 22c PHYSICIAN'S NAME (Type) OBer 23a BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCALION (City, town, or county) REMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

(Stole)

MARYLAND STATE DEPARTMENT OF HEALTH



ARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) a. COUNTY b. CITY OR TOWN (if outside corporele limits. c. LENGTH OF STAY IN 16 outside corporete I m ts, write RURAL end give neerest town) <u>.</u>= -3. NAME OF DECEASED (Type or print) DEATH 5 SEX 6. COLOR OR RACE 7. MARRIED [7] NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR) last birthdey) Months Days WIDOWED [DIVORCED [10e. USUAL OCCUPATION (G ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CIT.ZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) 13. FATHER'S NAME LAWHENCE 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknwn) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) i PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ALTERIOSCIERUTIC Conditions, if eny, which (b) geva rise to immediate cause アバン ミダマご DUE TO (e), stating the underlying causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING . 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item IB) OR CONTRIBUTING . CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) Month, Day, Year factory, streat, office bldg., etc.] While. Not While et work et work 21. | certify that (I) (this hospital) attended the deceased from. ...19 C. J., and that death occured at Ar M. from the causes and on the date stated above. saw the deceased alive on... 22a SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d LOCATION (City, town or county 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify), Journal 2Se. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Civiling S. Home 15M 9/60 DATE

ON A FARM?

IF UNDER 24 PRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO I

> > (Stete)

22b. DATE

SIGNED



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 13430 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence o COUNTY ANNE ARUNDEL P. STATE COUNTY MARYLAND 4NN6 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town ARLE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE SPENCER R.L DR INSTITUTION ON A FARM? DENCER YES 📜 NO 🖺 NAME OF Middle Day Yeor Manth DECEASED DEATH (Type or print) 19 S. SEX 9. AGE (In years 6 COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED last birthdoy) Months Doys Hours MALE WIDOWED [DIVORCED USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ARMER 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME BELLA unknown IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address ND 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20°a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o m. While Not while at work ot work p. m. 1961.10 12-12-21. I certify that (I) (this hospital) attended the deceased from 11-27-. 19.6/, that (1) (we) last 6/ and that death occurred \$204M, from the couses and on the date stated above sow the deceased alive an 220 SIGNATURE 22b DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF M.D 22c PHYSICIAN'S 22d ADDRESS NAME (Type) 23a BLR AL CREMATION 23d. LOCATION (City, town, REMOVAL (Specify) und 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DATE

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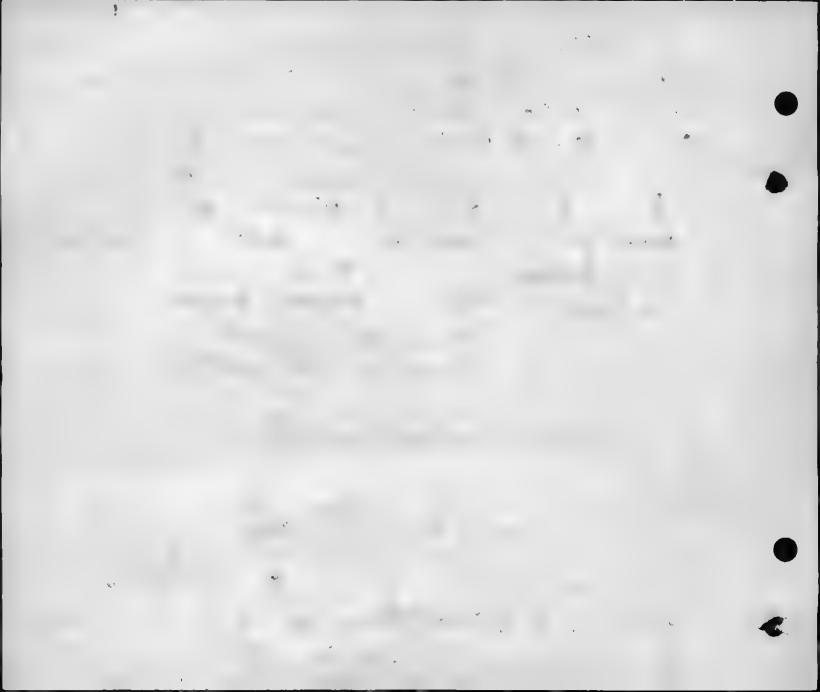
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RYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1	PLACE OF DEATH o. COUNTY	Anne	Arunde	1		MARYLAND	2.	usual residence (Mary)			CHINTY	esidence bei		_
Г	b. CITY OR TOWN RURAL and give			ts, write	c. LENGTH OF	STAY IN 16		c. CITY OR TOWN (IF	autside carp	orote limits,	write RURAL	ond give n	earest tow	n)
	Crownsvi		TII J		4 ye . 7	mo.	11/6	Annapolis						
	d. NAME OF HOSP OR INSTITUTION	ITAL (If no	t in hospital, g	ive street	address)		1	d. STREET ADDRESS					e. IS RE	SIDENCE A FARM?
	Crownsvill		ate Hos	pita	1		Ľ	85 Northwe	st St	r.				NO 📑
3	NAME OF DECEASED		Fir			Middle		Last	4. DATE		Month	(Day	Year
	(Type or print)		Florer	ice				Jones	OF DEATE	1	12	2	28	19 61
5	SEX	6 COL	OR OR RACE	7	RIED NEVER	MARRIED 🔲	B. D.	ATE OF BIRTH		9. AGE (III	years IFU	INDER I YEA	\rightarrow	
	Female	N		WIDOWI	ED 🔀 ? DI	VORCED 📑	1:	2/26/1907		54	yrs Mo	nths Doys	Hours	Min.
10	o. USUAL OCCUPAT	ION (Give	kind of work	done 10b.	KIND OF BUSIN	IESS OR INDU	STRY	11. BIRTHPLACE (Slot	or fareign	country)	1	2 CITIZEN	TAHW TO	COUNTRY?
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13.	FATHER'S NAME		U		. /1	1 .	14	MOTHER'S MAIDEN	NAME /	1	0	Þ		
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	WAS DECEASED EV		S. ARMED FOR		SOCIAL SECURI	TY NO. 17. II	NFOR	MANY DO	111	n	Address	0	1	21/
	. 9	mom		,	unknown		Hos	spital/Reco	ords	5ND	mul	Sev	EN L	MeX
	18. CAUSE OF DE	ATH [Enl	ter only one co	use per li	ne for (o), (b), a	nd {c}.}		1				IN	TERVAL B	TWEEN
	PART 1. DE	ATH WAS	CAUSED BY:		Broncho	genic C	ar	cinoma				O	SET AND	ars
	IMMEDIATE CAUSE (o) DUE TO													
1	Canditions, if any, which) (b)													
	gave rise to immediate couse (o), stating the under-													
	lying couse last		10	1										
Z	PARE II. O'	THER SIGN	IIFICANT CON	DITIONS (ONTRIBUTING	TO DEATH BUT	NO.	RELATED TO THE TERM	AINAL DISEA	SE CONDIT	ON GIVEN I	N PART 3(a)	19. WAS	AUTOPSY ORMED?
S														NO 🗌
CERTIFICATION	200 ACCIDENT WOR CONTRIBUTIN	G 🗌 CAU	SE OF DEATH	20b DES	CRIBE HOW INJ	URY OCCURRE	D. (E	nter nature of injury in	Part 1 or Pa	ort II of item	18)			
Ω. A.	20c. TIME OF INJL		lh, Doy, Ye	or 20d. 1	NJURY OCCURR	ED 20e. PL		OF INJURY (Home, for		ty or town)		(Count)	у)	(Stote)
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	21 I certify th		his hospita) attend					-					
	saw the deced	ased ali	ye an 12/	158 V	19 61	and that o	deat	h occurred a5:J	.Oa,meran	the cau	ses and a	n the da		
	# Let	aro	Hea	Rel	Klin	2	M.D.		MED.	STAFK PHYS	₋ 12	/28/6		SIGNED
	22d. PHYSICIANS NAME (Type)	Dr.H	ilda R	eissm	ann			22d. ADDRESS Crownsvi	lle 3t	ate H	ospita	1		
23	a. BURIAL, CREMATI	ON, 23b	DATE THEREC)F	23c NAME O	F CEMETERY C	OR CR	EMATORY,	23d J.DC	ATION (City,	, tawn, ar co	ບຫຼາງງາ)	7 ASI	
	BEMOVAL (Specification)	12	?-3/-	196	1 Bro	ene	2	Hall	WA	Me	cpor	x 4		
N.	SUNERAL DIRECTO	n Z	ecse,	D-(ADDRESS	pelis	W	DATE A	D BY REGI		REGISTRA			
-		-			//	7								



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13442 **CERTIFICATE OF DEATH** Reg. Dist. No. 3422 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY 131 Lothian. A.A. Co **b.** COUNTY MARYLAND Lockhien A.A Co. Md. b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lawn) d. NAME OF HOSPITAL (If not in hospital, give street address) 4. STREET ADDRESS a. IS RESIDENCE -OF INSTITUTION ! ON A FARM? YES RI NO F NAME OF DATE OF DEATH Middle 4 Day Year DECEASED Nellie Jones 1E 12 Dec. 10 61 (Type or print) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Female Whi.te Months WIDOWED FA DIVORCED | papers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? American Housewife carban 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (a) **DUE TO** Coronary Artery Disease Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last, Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES I NO [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Haur a. n. While Nat while of work all all wark p. m. 1956, to Que. 8 196/ that I last saw the deceased 21. I certify that I attended the deceased from Luly ____, and that death occurred at 4 30 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) Emily H. Wilson M.D. Appe Arundel 田の 22g. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tayen, or county) (State) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR



256. REGISTRAR'S SIGNATURE

25a. REC'D BY REGISTRAR

			13443		CERTI	FICAT	E OF DE	ATH				1.	342	23_
	1 PLACE OF DEATH O. COUNTY Arundel						2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b COUNTY Baltimore City							
	ı	CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH OF STA		c. CITY OR TO	WN (If ou	atside corpor	rate limits, write R	URAL ond	give neo	rest town)
		Crownsvil	le		26 days	3	Balt	imor	e			17	y.	
		d. NAME OF HOSPIT OR INSTITUTION	'Al (If not in hospital, g	ive street	address)		d STREET ADD	RESS				1	IS RES	DENCE FARM?
			le State H	ospit	al		923	لفعما	enhall	Street				NO 🔣
	3. 1	NAME OF DECEASED	Fir	st	Middl	e	Lost		4. DATE OF	Mor	ith	Da	/	feor
		(Type or print)	Ru	ssell			Jon	es	DEATH	12	2	19	9	961
1	S. S	SEX	6. COLOR OR RACE	7- MARE	RIED NEVER MARR	IED 📭 B.	DATE OF BIRTH			9 AGE (In years last_birthday)	IF UNDE Months			R 24 HRS
/		Male	Negro	WIDOWI	ED DIVORC	ED 🔲	June 3,	190	0	61 yrs.	Months	Days	Hours	Min
	10a	. USUAL OCCUPATION	ON (Give kind of work a	done 10b.	KIND OF BUSINESS	OR INDUSTR				iuntry)				OUNTRY?
		Unknow		,			Un	know	n		1	U.S.	Á.	
	13.	FATHER'S NAME					14. MOTHER'S M.	AIDEN N	AME					
		Thor	as Jones				Unk	nown						
			R IN U. S ARMED FOR				INFORMANT Address							
	Unknown Hospital Records													
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETW (ONSET AND DE													
	PART I DEATH WAS CAUSED BY: Pulmonary Tuberculosis - Active & Bilateral										0143	STATE AND DEATH		
		DUE TO												
		Conditions, if o	ny, which) (b	ð										
		gove rise to i	mmediate (
7		lying cause lost.	(c	:)										
-	N O	PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO D	ATH BUT N	OF RELATED TO TH	HETERMIN	NAL DISEASE	CONDITION GI	EN IN PA	RT 1(0) 1	9. WAS	AUTOPSY RMED?
	CATI	Chronic B	rain Syndr	ome A	ssociated v	rith C	erebral .	Arte	rioscl	erosis				NO 🍱
	CERTIFICATION	20g. ACCIDENT WA	S LINDERLYING I		CRIBE HOW INJURY									
		(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)											
	MEDICAL		Y Month, Day, Ye		NJURY OCCURRED	20e. PLAC	E OF INJURY (Horry, street, office b	me, form,	20f. (Cily	or lown)		(County)		(Stote)
	WED	Hour a m	4 19	While of wor	Notwhile ===	100.00	y, silear, office b	ing , erc.	-					
		21 L certify tho	rf (1) (this hospital	1) often	led the deceased	l from	11/23	196	51 to	12/19	. 196	51 th	ot (I) (wel fast
		sow the deceas	- 1 1 1 A 1	12/1										
		220 SIGNATURE		~	//	/	Jan Oscorica I	- Grace	,, ,, ,,	1110 000000 01	011 111	U UVIC	22	DATE
		Nust	WILK	mi	2/1/a/	M	D. PHYS.	ME DIE	D. RECTOR [STAFF PHYS			12,	/2076
		226 PHISICIAN'S NAME (Type)		1	/, ///	1	22d. ADDRESS	78						
		IAMME (IAbe)	Lionel 1	McHen	ry Mapp, M	. D.	Crown	evil	Le Sta	te Hospi	tal,	Mary	land	ì
	23 ₀		ON, 23b. DATE THEREC)F	23c NAME OF CEA	AETERY OR	CREMATORY		23d. LOCAT	TON (City, Jown.	ar county)	0	(Sta)	e)
		REMOVAL (Specify)	1 - /	1 .	11 km	~ 1			.12	17		1		

ADDRESS

ING PHYSICIAN: The law requires that the dilath illertificate be executed within tal ar attending physician. this certificate has been signed by the attending or use as the burial-transit permit. Then please re he remined the VERAL DIRECT

nauld be detached for use as the burial-transit Baard of Health prior to buriat, cremation, ar

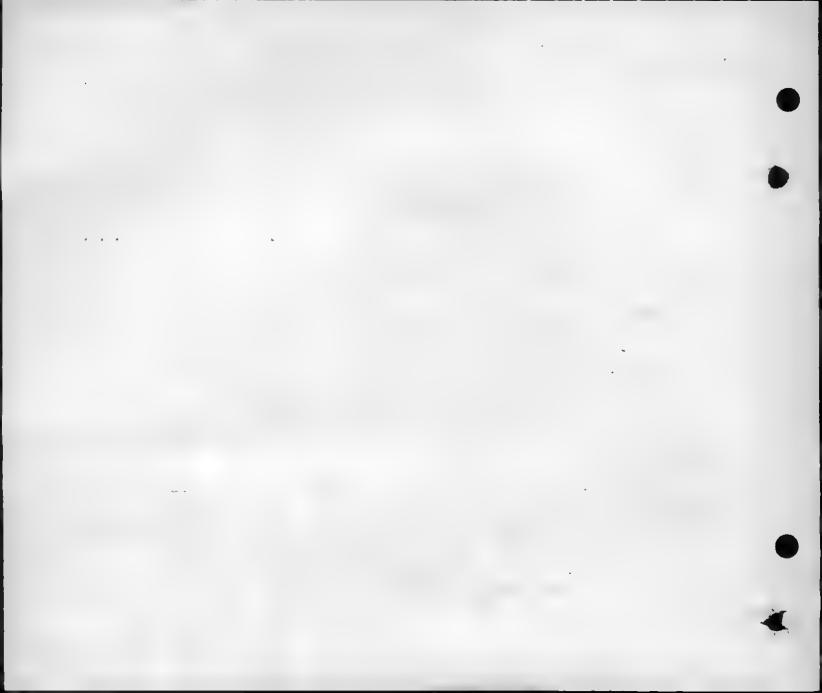
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Then please remave carban papers. and in any event, within 72 haurs after

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24. FUNERAL DIRECTOR'S SIGNATURE



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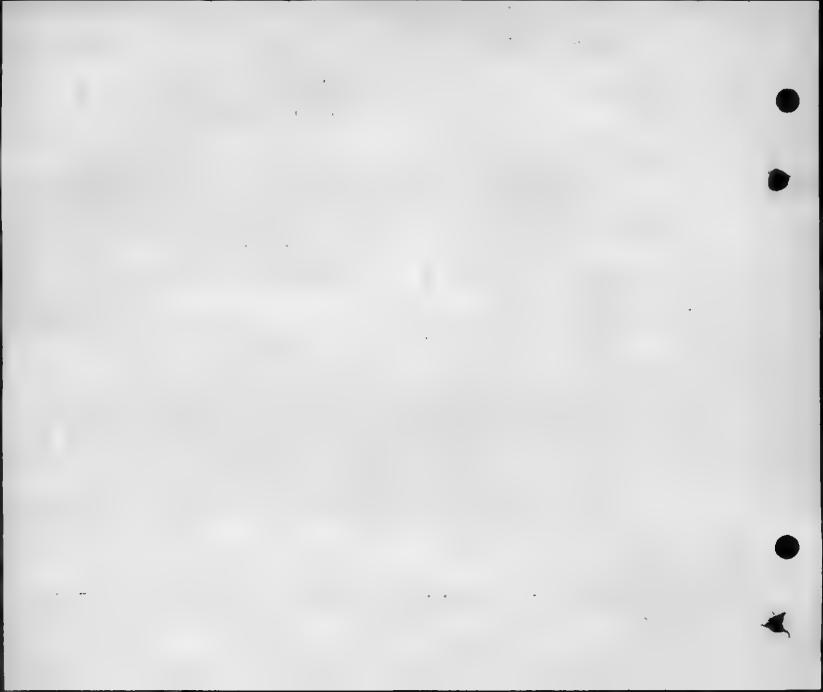
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death.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. PRESTON STREET. BALTIMORE 1, MARYLAND I. PLACE OF DEATH . COUNTY page b. COUNTY Fither Tha ANNE ARUNDEL Maryland MARYLAND Anne Arundel b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. City OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) dire ANNAPOLIS Tracey's Landing d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ANNE ARUNDEL GENERAL HOSPITAL ON A FARM? YES NO 3. NAME OF Middle DATE Month DECEASED 2 5 OF (Type or print) DEATH VTRGTNT 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED with 5. SEX 8. DATE OF BIRTH AGE (In years | IF JNDER 1 YEAR IF UNDER 24 HRS 2 with (ast birthday) Months Hours Female WIDOWED [Colored 2 10a. USUAL OCCUPATION (Give kind of work BIRTHPLACE (State or fore gn country) 2. CITIZEN OF WHAT COUNTRY 106, KIND OF BUSINESS OR INDUSTRY I done during most of working life, even if retired) Calv. Co. . Md. Give Page arm PM3. I 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Melvin Jones Ruth Creek 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17 INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or dates of service) Office along with for burial-transit permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Otitis Media **DUE TO** Conditions, if eny, which (6) gave rise to immediate cause rg DUE TO 5 (a), stating the underlying nsed a cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 90 PERFORMED? Medical should by NO P 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 o 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) Hour e.m. While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy 20 Inspection Inquiry be forwarded to and in my opinion death resulted from: Natural causes 🕱 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease execute the should be forward PUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S RUSSELL S. FISHER. M.D. 12-17-61 NAME (Type) Address (Street, city, town, or county) 228. BURIAL, CREMATION. 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) AGCs, (State) REMOVAL (Specify) 0 0 REC'D BY REG STRAR I VS. AISME 5M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

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1	10440 CERTIFICATE OF DEATH	TOAMO
4	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived If b. CC	institution: Residence before admission) OUNTY OL OL
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	write RURAL and give nearest town)
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION. Jeneral 1208 Brusheeve	e is residence on a farm? yes \(\) no \(\)
	3. NAME OF DECEASED (Type or print) First Juddle / Lessella OF DEATH	Dee 12 1961
	S SEX OF OCLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In 1931) but Office Wildowed DIVORCED June 10-1922 37	yrs. Manths Days Hours Min.
	100. USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Control of working life, even if retired) SNA. Power Hart Like Ca	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME HICKLER 14 MOTHER'S MAIDEN NAME	
	15. WAS DECEASED EVER IN W. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT THE WAS DECEMBER WAS TO COURSE OF SPINICE) WWW II- Konsan - Mass Daesy M. He	Address (2)
	18 CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COROMARY THROMBOS 15	INTERVAL BETWEEN ONSET AND DEATH
	42011 DUE TO	
	Canditions, if any, which gove rise to immediate cause (a), stating the <u>under-tying cause lost</u> (b) DUE TO (c)	
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH	ON GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
		18.)
	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Haur a.m. 19 While Nat while of wark of wark of wark 19	(County) (State)
	21. I certify that (I) (this hospital) attended the deceased from. 1. 1959, to 1DE saw the deceased alive an 32 NOV 1961, and that death occurred at PM, from the cause	
	220 S GONTURE ATTENDING MED DIRECTOR DIRECTOR PHYS	22b. DATE SIGNED
	22d PHYSECIAN'S NAME (Type) 22d ADDRESS	
	230 BURIAL CREMATON, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON IC.19. Burial 12-5-1961 Hellorest Memorial Comme	town, or county) (State)
	24 FUNERAL DIRECTOR'S SIGNATURE CONTRACTOR CONTRACTOR OF BEGISTRAR 250 PER PEGISTRAR 250 DATE	b. REGISTRAR'S SIGNATURE

Poges 1 and 2 shauld be filed with 24 hours after IDING PHYSICIAN: The law requires that the death certificate be executed within TO HOSPITAL OR A NOING PHYSICIAN: The faw requires that the death certificate be executed within now be remained it haspital or attending physician

TO NERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pagethe State Board of Health prior to burial, cremotion, or removal, and in any event, within 72 hours faffer de-VR A15 (4) 15M 9/59



W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORD CERTIFICATE OF DEATH funeral shauld PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmission) e. COUNTY Anne Arundel MARYLAND h. CITY OR TOWN (if outside corporate mits, c. CITY OR TOWN (If outs de corporele | m ts. write RURAL end give neerest town) C. LENGTH OF STAY IN 16 write RURAL and give neerest town) Annapolis Annapolis 5 d STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a ve street eddress) ON A FARM? Anne Arundel General Hospital 15 Bay Ridge Avenue YES NO X 3. NAME OF 4. DATE Middie DECEASED Rachael SURGEON KENT DEATH (Type or print) December 24 1967 carbon 6. COLOR OF RACE T MARRIED T NEVER MARRIED T | 8. DATE OF BIRTH 9. AGE (In years | IF UNDER) YEAR | IF UNDER 24 HRS. and Sast birthdey) Months Female Aug. 10, 1896 Negro WIDOWED A 1De. USUAL OCCUPATION (Give kind of work pllysician 10b, KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland Mes FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO ca-107 LATUESOUATE-B INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 48 hrs Pulmonary Edema IMMEDIATE CAUSE (a) DUE TO hrs. Congestive Heart Failure Conditions, if env. which geve rise to immediate cause DUE TO (a), stating the underlying 10 yrs. Generalized Arteriosclerosis PART II OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of in ury in Pert I or Part I of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While _Not While et work et work 21. | certify that (I) (this hospital) attended the deceased from Dece. 23, ..., 161, to .. Dece. 24, 1961, that (I) (w) last saw the deceased alive on Dec. 24. , and that death occured at 4. PM, from the causes and on the date stated above. 22ª SIGNATURE ATTENDING 5 GNED DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Theodore W. Johnson, M. D. Calvert St., Annapolis, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 25e. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60 Calling & House

MARYLAND STATE DEPARTMENT OF HEALTH

Despitation A spiral or A spiral or attending physician. NERAL DIRECTOR: After this certificate Mass Heen signed My the attending physician and completely died in by the funera director. NERAL DIRECTOR: After this certificate Mass Heen signed My the attending physician and completely died in by the funera director. Page 3 should be detached far use as the burial-transit permit. Then pleom manye carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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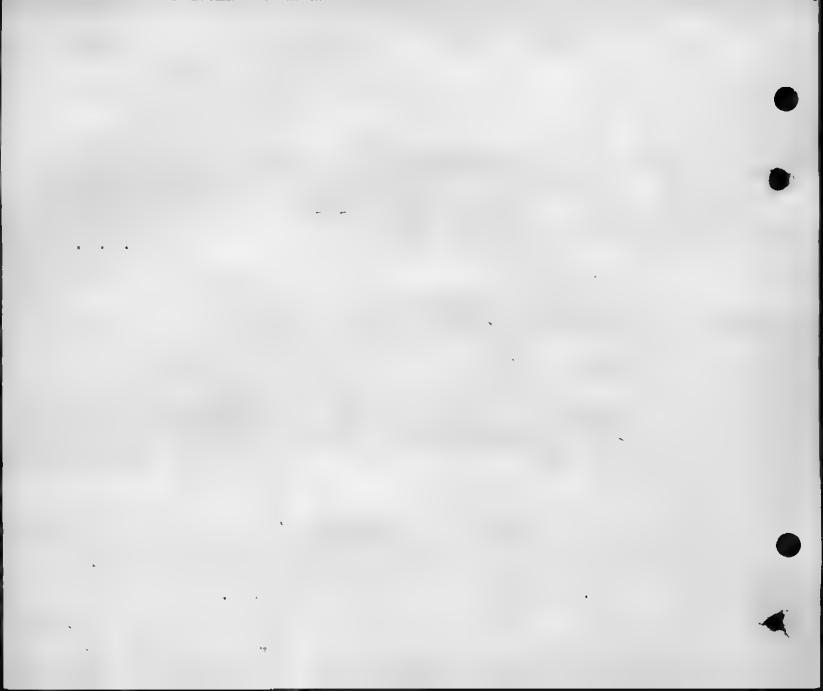
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						, L. O .	T. 144	
\	1. PLACE OF DEATH O. COUNTY AND	ANDA	MARYLAND	a STATE	nere deceased lived. If institution in d	Residence be	undel	ian)
	b CITY OR TOWN (If of RURAL and give near Fort (rearge	outside corporate limits, write est town) G Leale	LENGTH OF STAY IN 15 Unk	c. city or town (if a	outside corporate limits, write RUI	(AL and give a	nearest town)
	d NAME OF HOSPITAL OR INSTITUTION Kimbrough ar	(If not in hospital, give street my lospital	address)	d. STREET ADDRESS 221 Rita Dri	ve			DENCE FARM?
- Comment	3. NAME OF DECEASED (Type or print)	James	Middle Louie	Kiser	4. DATE Month OF DEATH TECCHID			Year 19 61
		Caucasian WIDOWE	IED X NEVER MARRIED DIVORCED	B. Date of Birth 6 Yay 1924		Months Day		R 24 HRS Min.
	10a. USUAL OCCUPATION during most of working Soldier	(Give kind of work done 10b. g life, even if retired)	KIND OF BUSINESS OR INC S Army	North Card	or foreign country)	USA.	OF WHAT O	OUNTRY?
	13. FATHER'S NAME Grover Clev	elan Kiser		14. MOTHER'S MAIDEN I Deceased	NAME			
	15. WAS DECEASED EVER I	and the same of th		informant Personnel Recor	Addres ds US Army Ft 0		leade,	Md.
		DUE TO which nediote a under-	e for (o), (b), ond (c).} cute pancreat	titis		l Q	NTERVAL BE NSET AND 2 days	DEATH
	_	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIVE	N IN PART 1(o	PERFC	AUTOPSY PRMED?
		UNDERLYING [] 206. DESC CAUSE OF DEATH EDICAL EXAMINER]	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Port 1 or Part II of item 1B.)			
	20c. TIME OF INJURY Hour o. m. p. m	Month, Day, Year 20d. It While of world	Not while	PLACE OF INJURY (Home, forn factory, street, affice bldg., etc		(Caun	ity)	(Stote)
	21 I certify that saw the deceased 220. SIGNATURE	(I) (this hospital) attended alive an 28 Dec	. GT	0000	M, from the causes and			abave.
	22c. PHYSICIAN'S NAME (Type)	16 40 C	o bens	M.D. PHYS. Di	RECTOR D PHYS. 28	B Decem		
	23a BURIAL, CREMATION REMOVAL (Specify) 24. FUNERAL DIRECTOR'S	23b, DATE/THEREOF	23c, NAME OF CEMETERY ADDRESS	OR CREMATORY	23d, LQCATION (City, town or		(Stot	



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY **b.** COUNTY a. STATE Anne Amindel Maryland Anne Amindel MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest lown] Churchton Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO T Anne Arundel General Hospital NAME OF 4. DATE Day THE RESERVE OF December December (Typa or print) 1961 Owen Lavton AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6, COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthday) | Months | Days Hours Male White WIDOWED TO DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if retired) Holmes Bakery New York Foreman 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Rose Gates John 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no, or unkown) | [[fyasgivawarordatasofservica] 18. CAUSE OF DEATH [Enter only one cause pas line for .a , (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DJE TO Conditions, if any which gava risa lo immadiale causa (a), stating the underlying NAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING __ Ob. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING __ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stata) 20c. TIME OF INJURY 2Dd, INJURY OCCURRED : 2De, PLACE OF INJURY (Homa, farm, 20f, [City or town] (County) Month, Day, Year factory, street, office bldg., atc.) While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from QC 6.6., 19....., that (I) (we) last 19...... , and that death occured at P...M. from the causes and on the date stated above. saw the deceased alive on. / d. 22a, SIGNAZUI ATTENDING DRECTOR PHYS. PHYS. 22c. PHYSICIAN ADDRESS NAME (Type) Willard Smith Shadyside. Md. 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE Certhan S. Yleans

death and <u>-</u> Pages filled carbon physician 0.00 iding pl certificate ha 8 0 DIRECTOR: 3 should be det VR A15 (4) 15M 9/60



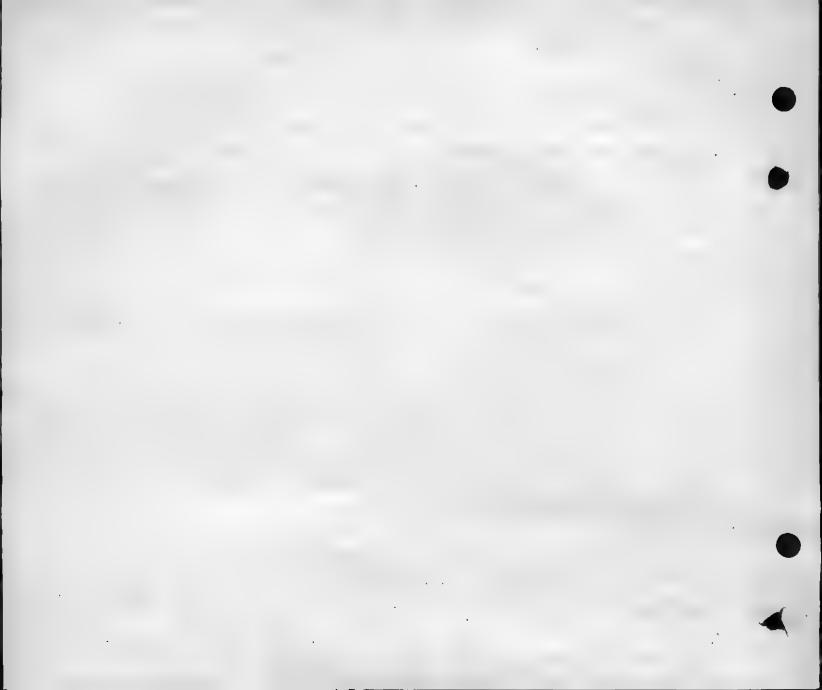
) e funeral urs after TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within page 4 be retained by the hospital or attending physician. FUNERAL DIRECTO: After this certificate has been signed by the attending physician and confidently filled in director, page 3 should be directed for use at the buttel permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after ATTENDING PHYSICIAM: The law requires that the death certificate be executed within

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
13450
CERTIFICATE OF DEATH
13430 13450 13430

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)
a. COUNTY	a. STATE b. COUNTY
Anne Arundel MARYLAND	Florida
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)
Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Coral Gables o. IS RESIDENCE ON A FARM?
Anne Arundel General Hospital 3. NAME OF DECEASED (Type or print) Manage Hospital Manage Hospital (Type or print)	304 Majorka Avenue YES NO Day Year OF DEATH
5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	December 2 17 61 B DATE OF BRITH 9. AGE In years IF UNDER I YEAR IF UNDER 24 HRS. 5/24/07 Months Days Hours Mn.
Male 1/hite WIDOWED DIVORCED 10a. USUAL OCCUPATION (G ve kind of work done during most of working life, even if tetirad) Not working AD VERTISING NEWS PAP	RY 1 BRTHPLACE (County & State, or foreign country). 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. (Yas, not or unknown) (Ifyos giva war prodatas of service)	NOCET BAANETT INFORMANT FELLA S / EBIANC
18 CAUSE OF DEATH [Enter only one cause par line for (a), ,b), and (c).]	I INTERVAL BEDWEEN
PART I, DEATH WAS CAUSED BY:	ONSAT AND DEATH
DUE TO	my weeks
Conditions, if any, which (b) 21 veries 2	Ch - lacoper of soine. 2", 1.
gava rise to immediata cause (a), stating the underlying DUE TO	Ú
ceusa last. (c)	
OITA ————————————————————————————————————	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING [] CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter natura of injury in Part) or Part II of item 18.)
	ACE OF fNURY (Home, farm, 20f. (City or lown) (County) (Stata)
21. I certify that (I) (this hospital) attended the deceased from	in the fallow.
	t death occured at distriction the causes and on the date stated above.
DAY DIVERSIANCE	ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS.
NAME (Type) Richard N. Peeler M.D.	121 Cathedral Street Annapolis, Md.
23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY BUKINE 15pectry 12/5/6/ HOLY ROO	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	259 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
JOHN M. TAYLOR SONS ANNAPOLO	S N/D DATDEC 5 '61 Lineium & Thomas



W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RE 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edimission) 1. PLACE OF DEATH a. COUNTY Page a. STATE **b.** COUNTY Anne Arundel MARYLAND Maryland Anne Arundel b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest lown) director. writa RURAL and give nearest town) yo≣r rd of to Crownsville Annapolis, Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va strael address) a. IS RESIDENCE ON A FARMT Crownsville State Hospital YES NO 3. NAME OF M ddle DATE Month DECEASED OF McEwen (Type or print) DEATH 12 1967 Arthur 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years (IF UNDER 1 YEAR) IF UNDER 24 HRS. 7. MARRIED KNEVER MARRIED ast birthday) Months Hours Male WIDOWED [DIVORCED 10a. USUAL OCCUPATION (G.ve kind of work 10b KIND OF BUSINESS OR INDUSTRY 12. C.TIZEN OF WHAT COUNTRY? done during most of working life, even if relired) 13. FATHER'S NAME TE SOCIAL SECURITY NO.1 19. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Arteriosclerotic cardiovascular disease DUE TO Conditions, if eny, which (b) geva rise lo immediate causa DUE TO (a), slating the undarlying 10 cause last. PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1,0); 19, WAS AUTOPSY CERTIFICATIO PERFORMED? NO T 0 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF NJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) Hour a.m. Whila Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy 🗽 nspection Inquiry and in my opinion 0 DIRECT death resulted from Natural causes Suicide Undetermined manner Accident Homicide CHIEF MEDICAL EXAMINER DO ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED be fo SIGNATURE gnat DEPUTY MEDICAL EXAMINER EXAMINER'S 12-4-61 FUNE NAME (Type, RUSSELL S. 70 Address (Street, city, town or county) 0 0 245. REGISTRAR'S SIGNATURE . word S. Thrack VS. AISME 5M 9 60

MARYLAND STATE DEPARTMENT OF HEALTH

or open to

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 13452 2. USUAL RESIDENCE (Where deceased lives, If institution, Residence before edmission) Items & 1. PLACE OF DEATH a. COUNTY b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give neerest town)
Annapolis 34 Yrs. Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 115 Clay Street 115 Clav Street YES NO A 3. NAME OF DATE Yes Middle Month DECEASED OF (Type or print) MALLIIM DEATH MEPHERSON 19 61 Deg 24 6. COLOR OR RACE 7. MARRIED INEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX last birthday 2 Months WIDOWED DIVORCED 20 - 110a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OF MIDUSTRY 31. BIRTHPLACE (County & Stelle, or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Building Attendent Retired Academy Annapolis, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander McPherson Harriett Green 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) (If yes give wer or detes of service) Hattie McPherson- 115 Clay St. Annapolis-Md. None INTERVAL BETWEEN 18. CAUSE OF DEATH Itnier only one cause per line for .el ONSET AND DEATH "PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO gave rise to immediate cause **DUE TO** (e), stelling the underlying cause last PART . OTHER SIGN, FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS ALTOPSY CERTIFICATION PERFORMED? NO YES. 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) .County] lectory, street, office bldg., etc.) While Not While Hour e.m. at work at work p.m. certify that (i) (this hospital) attended the deceased from N ... and that death occured at RIAP.M. from the causes and on the date stated above the deceased alive MED STAFF DIRECTOR PHYS. PHYS. AA D PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) Clay Street-Annapolis, Maryland 110 Richardson 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) Annapolis, Maryland Brewer Hill Buria. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 .41 15M 7761 DATEJAN 5 arthur & King Annapolis, Maryland

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DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) is tree.

director. P.

vour files. e. COUNTY **b.** COUNTY MARYLAND Anne Arundel County Anne Arundel Co. b. CITY OR TOWN If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give streat address) Odenton e. IS RESIDENCE d. STREET ADDRESS ON A FARM? retained he State Anne Arundel General Hospital YESC NO 3 NAME OF 4. DATE DECEASED OF (Typa or print) DEATH ME YER 9. AGE (In yours IF UNDER I YEAR) 5 may be of 2 with the hours after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Aug 6, 1888 Months Days WIDOWED DIVORCED . Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Gardener awitzerland Lanscape PM3. Pa pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (Unknown) Elizabeth Johann Meyer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) } (Ifyasgivewerordetesofservice) dospital records Anne Arundel Co 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Office along was burial-transit p INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Traumatic Injuries DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stelling the underlying d be used remation, o PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTO PERFORMED? 90 YES TO NO 1 70 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of fam 18,) 20e. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Pedestrian struck by motor car.

20d. INJURY OCCURED 200 PLACE Of INJURY (Home, farm, While Not While factory, street, office bldg., etc.) Chief age 3 to buri 20c. TIME OF INJURY Month, Day, Year (County) (Stata) While _Not While al work | street Conways. Maryland 21. I certify that I took charge of the remains described above, held an Autopsy 1 Inquiry and in my opinion 20 forwarded L DIRECT Natural couses Accident X. Suicide Homicide Undetermined manner death resulted from CHIEF MEDICAL EXAMINER lease execute the should be forward by FUNERAL D ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) HOWARD G. SHAUB, M. D. Addr Address (Street city, lown, or county) 220. BUR.AL, CREMATION, 226. DATE THEREOF I 22d. LOCATION (City, fown, or country) REMOVAL (Specify) Ft Lincoln Cemetery | Colmar Manor, Md. 40 6 Dec 15, 1961 Burial 248 REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR **DEC 1 8 '61** O'llow & Trava VS. A15ME Gasch's Sons Hyattsville Md. 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



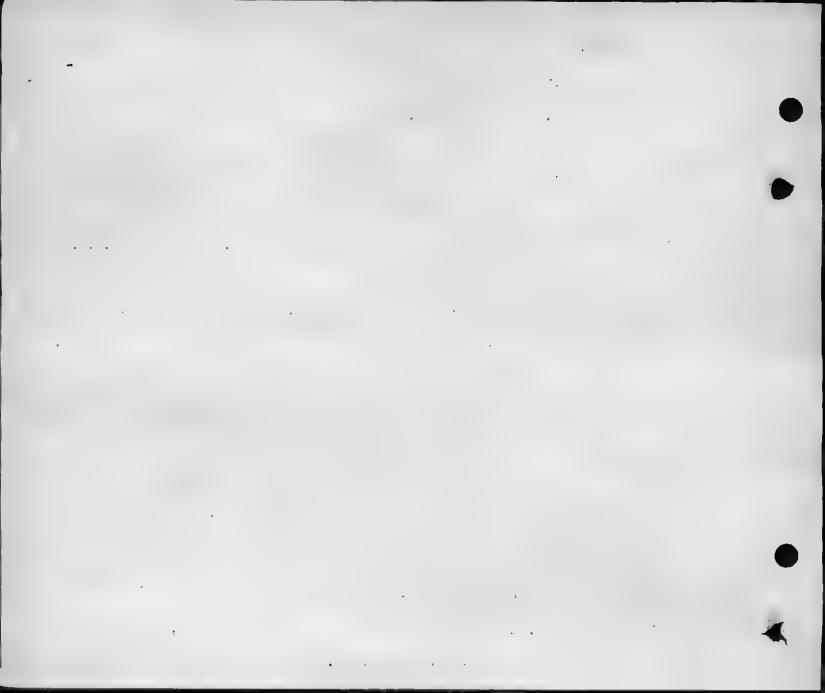
FOR STATE ** DEPUTY *** CHILL EXAMINER: This certifical should be executed within *** I hours after de any delay is necessary, please execute the certificate, writing the word "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

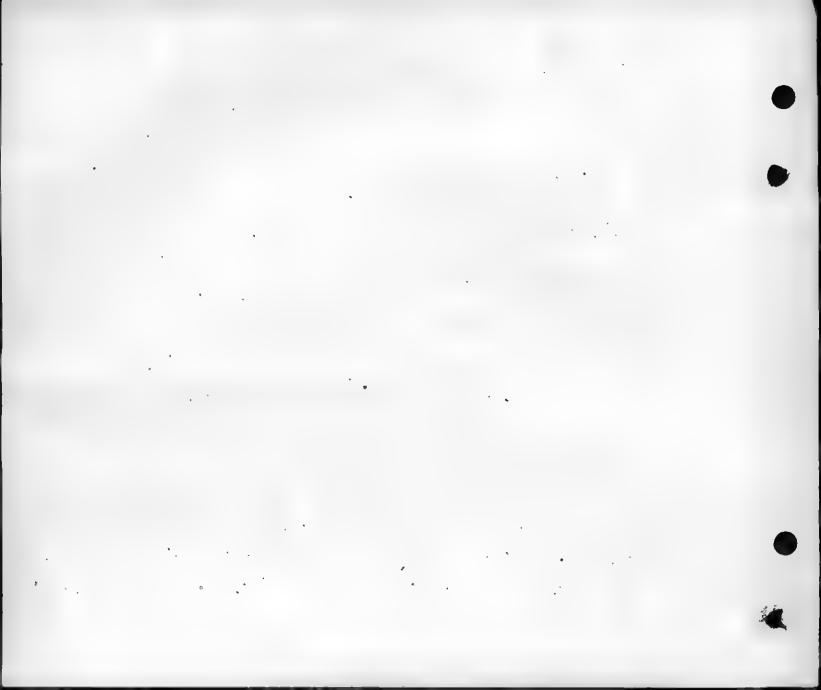
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board Scheleith, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1	MARYLAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	13454 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13435
1	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution: Residence before admission)

1	a. COUNTY	a. STATE		b. COUNTY	Kajiganes D	- admission
	Anne Arundel County MARYLAND	Sam	9	5. 000111	ame	-
	b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN Ib write RURAL and give nearest town)	c. CITY OR TOWN [I	lf outsida corporata lir		m.m.	est town)
	Severna Park, Md. 32 yrs.	X Same				
-	d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	_		1 0	. IS RESIDENCE
	Box 518, Jumper Hole Road	Somo				ON A FARM?
=	NAME OF First Middle	Same	4. DATE	Month	Day	THO M.
1	DECEASED	100	OF			1 601
_	(Type or print) William	Moore	DEATH	Dec.5		_19 61
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH		(In years IF UNDER irthday) Months		JNDER 24 HRS.
	Male White w DOWED X DIVORCED	10/26/96	65	Yrs. Months	Days No	ours Min.
10	. USUAL OCCUPATION (GIVE kind of work 10b. K ND OF BUSINESS OR NOUSTE	RY 11. BIRTHPLACE (State	or foreign country)	12. CI	IZEN OF W	HAT COUNTRY?
	one during most of working life, even if retired)	Baltimor	6. 78		U.S.A	
	FATHER'S NAME	14. MOTHER'S MAIDEN		1	O.O.H	•
1	A					
1,5	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	7	Catherin	e_(unknou	(מנ	
	es, no, or unkown) (Ifyesgivawarordatesofservice)	IMPORMANT		Address		
	No IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	. Hazel M.Ta	lheimer (s	stepdaught		AL BETWEEN
	PART I. DEATH WAS CAUSED BY:					AND DEATH
	IMMEDIATE CAUSE (a) Cerebral Hemorrh	age			. 3 h	rs
	301 X DUE TO					
	Condillons, if any, which (b)					
	gava rise to immediata causa					
	(a), stating the underlying Social					
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDI	TION GIVEN IN PAR	T 1(e) 19.	WAS AUTOPSY
CERTIFICATION						PERFORMED?
ğ					YES	П ио
RT	206. EXTERNAL CAUSE WAS 206. DESCR BE HOW INJURY OCCURED. (I	Enter nature of injury in Par	f or Part II of Ifem Ib	1.)		
0	CAUSE OF DEATH					
S		ACE OF INJURY (Home, farm tory, street, office bldg., etc.		n) (Co.	anty)	(State)
MEDI	Hour a.m. While Not While 1800	ior y arrowry or invalar and gry over	'			
	21 I certify that I took charge of the remains described above, he	ald an Autopsy .	Inspection X,	Inquiry X.	and in	my opinion
	death resulted from Natural causes 😿. Accident 🔲, Suic	ride Homicide	, Undeterm	nined manner [
	1 5	CHIEF MEDICAL I	EXAMINER [
	ACTUAL Gusten & Louise Ml	ASSISTANT MED	ICAL EXAMINER	Glen Bur	DAT	E SIGNED
	SIGNATURE	DEPUTY MEDICAL	FXAMINER FET			
	NAME (Type) Gustave H. Faubert, M.D.		tity, town, or county)	Md.	12/	6/61
22	s. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMÉTERY OF REMOVAL (Specify)	R CREMATORY	228. TOCATION (C	ity, town, or country	()	(Stata)
	Burial 7th Dec. 61 New Cathedra		Baltimo		/land	
23	. FUNERAL DIRECTOR ADDRESS	24a." REC	DECREGISTRAR 2	4b. REGISTRAR'S	IGNATURE	LAS .
1	Glen Burnie	Md. DATE				
-						

VS. A15ME 5M 9/60





		MARITAIND STATE DEPARTMENT OF REALTH—BALTIMORE, 18	
v :		13456 CERTIFICATE OF DEATH Reg. Dist. No. 1343	37
S de	1	1. PLACE OF DEATH O. COUNTY ANNE ARUNDEL MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) O. STATE TYLAND 3 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) O. STATE TYLAND 4 NO. COUNTY ANNE ARUNDEL	
old be		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) The George G. Meade 3 Hrs 44 Min Odenton	
by the ford	C ³	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Rimbrough Army Hospital d. STREET ADDRESS	
24 Bour	13	3. NAME OF DECEASED NOT NAMED Middle Los! 4. DATE Month Doy Year OF DEATH December 20 19 61	1
pleter		5. SEX MARRIED NEVER MARRIED B. DATE OF BIRTH 20 Dec 1961 9. AGE [In yeors left under 1 year if under 24 if under 24 if under 1 year if under 24 if u	HRS
an ond completed of corbon papers.	L	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Maryland 12. CITIZEN OF WHAT COUNTY USA	NTRY?
sician ond ve carbon rs offer de	1	Fred H. Nail 14 Mother's Maiden Name Shirley Faye Phelps	-
sit certificate iding physicia ose remave co in 72 havrs of		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Same as Item 2D	
that the death ce by the ottending f. Then please re y event within 72		. 18 CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (cl.] PART I. DEATH WAS CAUSED BY. Respiratory Failure IMMEDIATE CAUSE (a) INTERVAL BETWEEP ONSET AND DEAT JHTS 44M	H in
es that I		750 X DUE TO Anencephaly	
d in	,	gove rise to immediate couse (a), stating the under: lying couse lost. (c)	
i. The law rec ng physician e has been s burial-transit removal, and		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOP PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	?
HAN: Thending ificate but the bur or ren			
PHYSIC of or of this cert r use os emotion	4710314	G Hour a. m. While Not while tactory, street, office bldg., etc.)	ote)
e hospit e hospit e After l roched for burial, cr		21. I certify that I ottended the deceosed from 20 December, 1961, to 20 December 1961, that I last saw the decender of the one 20 December, 1961, and that death accurred at 0830A. M, from the causes and on the date stated ob	osed
\$ 5		ACTUAL SIGNATURE THE COLOR OF M.D. Kimbrough Army Hospital FGGM, MD 20 Dec	GNED
retoined RAL DIRE should be stror prior		PHYSICIAN'S STUART BERNSTEIN, CAPTAIN, MC	
HOSPI MER NGE 3 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) 20 Dec 61. KI'BRO'GH ARMY HOSPITAL Ft Geo 7. eade, Md	
VS A1S (4) 15M 10/57	23	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE DATE	_
	-	2050263X112	=



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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm ssion) a. COUNTY b. COUNTY e. STATE Maryland Anne Arundel Anne Arundel MARYLAND c. CITY OR TOWN (If outside corporete I mils, write RURAL end give nearest .own) b. CITY OR TOWN (if outside corporete him ts. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) RURAL - Annapolis ~ Annapolis ages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) a. 15 RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Anne Arundel General Hospital Box-32] 3. NAME OF 4. DATE Midd e DECEASED OF (Type or print) DEATH BARY ROY NEWOUIST December IF UNDER 24 HRS. 6 COLOR OR RACE 7, MARRIED NEVER MARRIED A | B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR last birthday) Months Hours Male White Dec. 15. 1961 WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work OVB I 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) U.S. Newborn Newborn Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEL NAME ā please Stanley Arthur Newquist, Jr. Patricia June Seger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT affen Address (Yes, no, or unkown), (Ifyes give wer or deles of service) Hospital records. 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physici has been signed b IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause DUE TO (e), steting the underlying couse lest. the his PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01 19. WAS AUTOPSY PERFORMED? 18 O NO X HYSI e hosp cert.fi 20e. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW NURY OCCURED (Enter nature of niury in Part I or Pert I of Item 18.)
OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ined by (County) (State) 2Dd. INJURY OCCURRED . 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. et work et work DIRECTOR: 21. I certify that (I) (those control) attended the deceased from Dec. 15, ..., 1961, to Dec. 15, 19.61, that (I) (36) last saw the deceased alive on... 8:50 AM ATTENDING DATE 22ª SIGNATURE MED. SIGNED DIRECTOR PHYS. 15/61 PHYS. FUNERAL ector, page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 95 Cathedral St., Annapolis, Md. Niel H. Sims 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCAT ON (City, fown or county) 230. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) St. Mary's Cemetery Annapolis, Maryland Ded. 18.61 Buria] 256. REC D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 24 JANERAL DIRECTOR'S SIGNATURE VR A15 (4) Chiling S. Krous 15M 9/60 Annapolis. Hopping Funeral Home 425 XX

MARYLAND STATE DEPARTMENT OF HEALTH

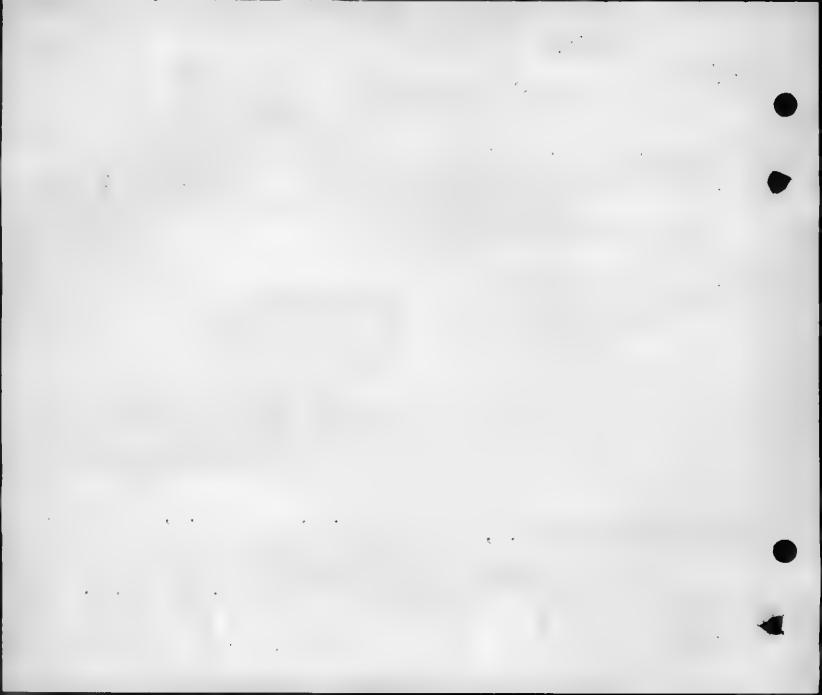


VR A1S (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
13458
CERTIFICATE OF DEATH
13439

٧	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution, Residence before admission) a. COUNTY
۱	Anne Arundel MARYLAND MARYLAND MARYLAND Maryland Anne Arundel
1	b. CfTY OR TOWN, if outside corporate limits, c. LENGTH OF STAY IN Ib write RURAL end give neerest town]
	Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	Anne Arundel General Mospital 3. Name of Deceased (Type or print) Jennie (TIAS) NOBIE Anne Arundel General Mospital Middle Last OF DEATH December 7 1961
	Female White WIDOWED XX DIVORCED March 12, 1879 82 yrs. Source March 12, 1879 March
	House Wife Home 14. Mother's Malden NAME 13. FAIMER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
	James Tilles Tellian Granillian
/	15. (WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no. or unknown): (Ifyes give war or detector service) ML1 BERTRAM E. SPRIGGS [Internal Description of NEW MY Is no service)]
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO INTERVAL BETWEEN ONSET AND DEATH YCLUY DUE TO
	Conditions, feny, which serve rise to immediate according to the underlying DUE TO
	PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART HO) 19. WAS AUTOPSY PERFORMED? Perstante: Recording to alternyability formed benness YES NO IN
	ZOB. ACCIDENT WAS UNDERLYING J TOB. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Dey, Yeer Hour e.m., p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20d. INJURY OCCURRED 20d. INJURY (Home, farm, 20f. (City or town) 20d. INJURY (Home, farm, 20d. INJURY (Home
	21. I certify that (I) (NOCOMOTICAL) attended the deceased from. Nov. 18,, 19.61 to Dec. 6,, 19.61, that (I) (NOC) last
	saw the deceased alive on
	4. Phuse M.D. PHYS. XX DIRECTOR PHYS. 12/7/61
	22c. PHYSICIAN S NAME (Type) CEO AND CHURCH. 121 Cathedral St., Annapolis, Md.
	236. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY, 23d. OCATION (City, town or county) (Steller) Mangaleto a 26 Miss
	ANTIONERAL DIRECTOR'S SIGNATURE CO. Survey A. C. Med 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S, SIGNATURE DEC 1 2 761

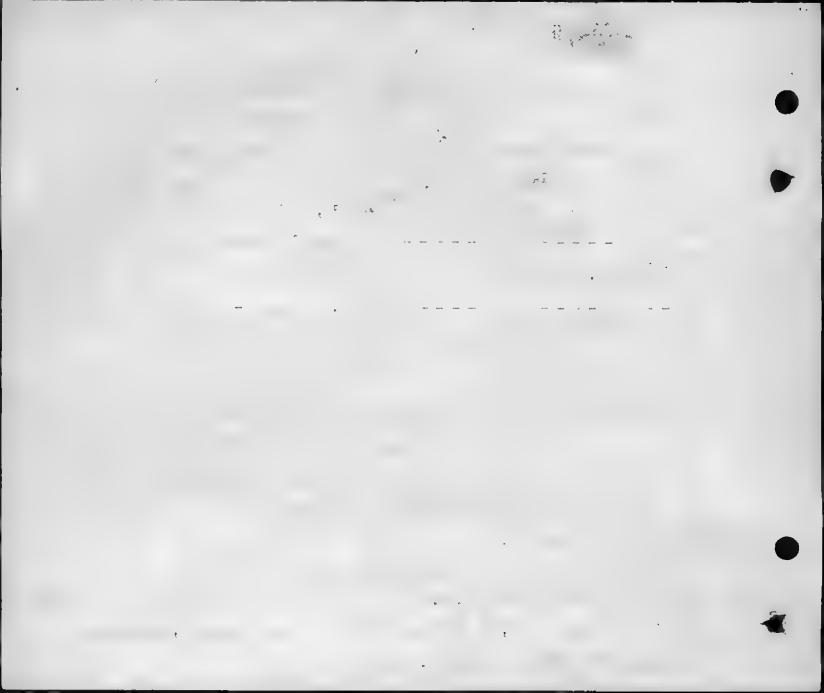


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacessed lived, If institution: Residence before edimission) a. COUNTY a. STATE **6. COUNTY** Page fles. Health Anne Arundel County MARYLAND Marvland Anne Arundel Co. b. CITY OR TOWN (if cutside corporata I mits, write RURAL and give neerest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside comprate limits, write RURAL and give negrest town) director. for your Annapolis Annapolis d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar ON A FARM? YES NO Monticello Avenue Monticello 3 NAME OF Middle DATE Month DECEASED OF BRIAN DEATH (Type or print) 19 19. AGE (In years | IF UNDER TYEAR PALMER 16 COLOR OR RACE 7. MARRIED THEYER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH 5 may 2 will hours a inst birthday) Months | Days WIDOWED [DIVORCED | July 11, 1961 Mal.e 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (State or fore on country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, rm PM3: Page File pages 1 and within 72 P done during most of working life, even if rettred! TISA Annapolis Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James A. Palmer III Helen Mason 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO ! 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detex of service) permit. James A. Palmer III- Father- Same as INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] r's Office along vs a burial-transit premoval, and in ONSET AND DEATH PART I, DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Interstitial Pneumonitis DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cremation, PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? 99 YES IN NO -"0 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar neture of injury In Part I or Part II of Jam 18.) PRIMARY | or CONTRIBUTING | writing to Chief A Page 3 street to buria 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (Slata) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour e.m. at work at work forwarded to the L DIRECTOR: F 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion Undetermined manner Natural causes X Accident Suicide Homicide death resulted from. CHIEF MEDICAL EXAMINER 🔲 should be forward FUNERAL DIS PATRICIA MAIL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 226 NAME OF CEMETERY OR CREMATORY T22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION REMOVAL (Specify) 0 Burial December 22.61 Hillcrest Memorial Annapolis Maryland 23. AURERAL DIRECTOR VS. AISME uneral Home Annapolis. Maryland DADEC 2 6 '61

1.61K

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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

		13460		CERTI	FICA	TE OF DEAT	Ή		4	244	4
ī	PLACE OF DEATH a. COUNTY Anne Arur	lahr		MAI	RYLAND	2 USUAL RESIDENCE o. SIATE Marylan	(Where deceased	lived If institution b. COUNTY. Balti			nission)
Ͱ	b CITY OR TOWN (If autside corporate	límits, write	c. LENGTH OF STA	Y IN 16	c. CITY OR TOWN					own)
	RURAL and give no	-		1 mo. 5	davs	Baltimo			2,	11.34	1
H	d. NAME OF HOSP 1		ot, give stre			d STREET ADDRESS					RESIDENCE
	OR INSTITUTION	lle State				}		e Street		10	N A FARM?
3	NAME OF DECEASED		First	Midd	lle	Last	4. DATE	Man	Ih	Day	Yeor
	(Type or print)		Louis	E.		Pinkney	OF DEATH	12	2	8	19 61
5.	SEX	6 COLOR OR RA	CE 7 MA	RRIED NEVER MAR	RIED 🔲	B. DATE OF BIRTH		9 AGE (In years			NDER 24 HRS
	Male	Negro	WIDO	WED DIVOR	CED 🔲	January 3,	1889	72 yrs.	Months D	Days Hou	urs Min.
10	USJAL OCCUPATION	ON (Give kind of wi	ork done 10	6 KIND OF BUSINESS	OR INDU	STRY 11 BIRTHPLACE (SI	rate or foreign co	ountry)	12 CITIZE	EN OF WHA	AT COUNTRY?
	Chauffe	_	ireas			Maryla	nd.		1	U.S.A.	•
13	FATHER'S NAME					14. MOTHER'S MAIDE	N NAME				
	John F	inkney				Jimma '	Thomas				
15	. WAS DECEASED EVE	R IN U. S. ARMED	FORCES? 1	6. SOCIAL SECURITY N	10. T17. IN	NEORMANT		Addr	ress		
(,i	Yes	World War	of service)	214-01-7514		spital Reco	rds				
Г	18 CAUSE OF DEA	ATH [Enter only on	e couse per	tine far (a), (b), and (c	c).]					INTERVAL	BETWEEN ND DEATH
	PART I, DEA	ATH WAS CAUSED I	BY: 5E (a) 1.	now	ary	Julace	line	1		01132171	THE DEATH
	334	X DUE			1		4				
L	Conditions, if a	ny, which)	n. C.	B. & A.	5500	inted of	Blevas.	sclera	EN S		
1	gove rise to i		E TO	730 CL-		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	cause (o), stating	the under-	(c)								
Z	PART II, OTI	HER SIGNIFICANT (S CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART	1{a} 19 W.	AS AUTOPSY
ATE										1	RFORMED?
I E	20g. ACCIDENT W	AS UNDERLYING	20b. D	ESCRIBE HOW INJURY	OCCURRE	D. (Enter noture of injury	in Port Lor Por	t () of item 18.)		, ,,,,	<u> </u>
L CERTIFICATION	1		ATH ER)		-	,					
MEDICAL	20c. TIME OF INJUR		1	. INJURY OCCURRED	20e. PL	ACE OF INJURY (Home, I clary, street, affice bldg.,	form, 20f. (City	or tawn)	(Co	ounly)	(Stote)
MEC	p. m.			rork ot wark			oren)				
	21 I certify the	at (I) (this hash	ital) atte	nded the decease	d fram	11/3	19 61 ta	12/8	1961	that (l) (we) last
		sed/blive an		8 19 61 an	d that a	leath accurred at				_,	
	276 STGNATURE				id fildi c	reall accorred ar.,		The cooses un	d dil lile		22b DATE
	Milivea	tay alegara	KEYN	1-		M.D. PHYS	MED DIRECTOR	STAFF PHYS.		12	/8/61ED
	22c PHYS CIAN'S		1 - 1			22d. ADDRESS					
	NAME (Type)H	ildegard	Heard	Reissman,	M. D	• Crowns	sville S	tate Hos	pital,	Mary	land
23	BUMAL, CREMAT C	ON, 235 DATE THE	EREOF	23c MAME OF CE	METERY O	R CREMATORY	23d LOCA	TION (City, town, o	or county)	(State)
L	REMOVAL (Specify)	12.19	1.61	Baltimor	re Na	teonal	70	Taller	me	/ /	med
24	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	,	. A 250. F	REC'D BY REGIST	TRAR 256 REGIS	STRAR'S SIGN	NATURE	
(Harle	RLA	21.0	12 m.a.	links	who als DATE	DEC 1 3 '6	31	1 w 8. 1	Traves	
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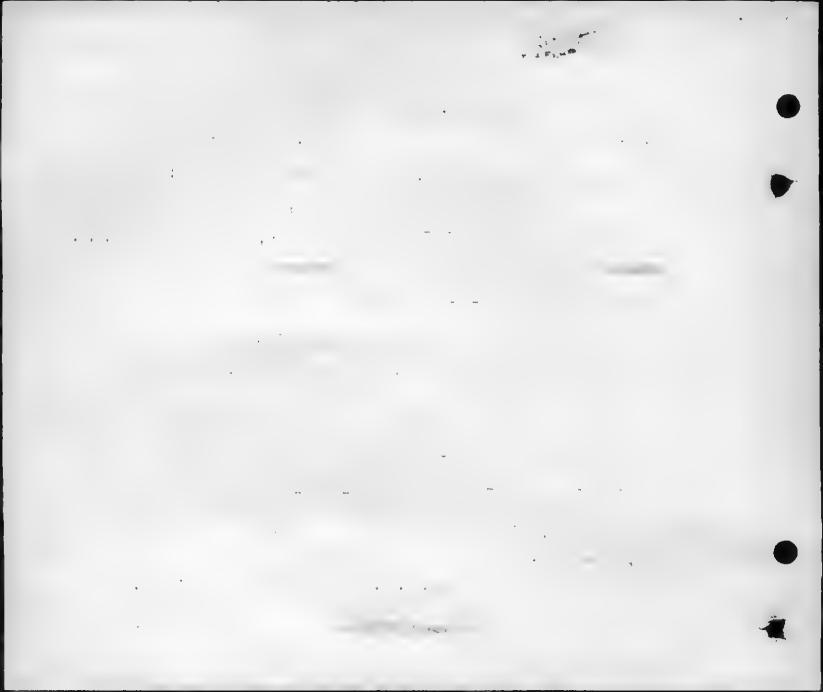
UNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery—ed in by the funeral director, age 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with a State Baard of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death.

ENDING PHYSICIAN: The law requires that the death certificate be executed with

th. Page 4

24 hours ofte

O HOSPITAL OR VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

LORRO

19804	CLKIIIICA	IL OI DEATH		1.3	446
PLACE OF DEATH O. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland		If institution: Residence COUNTY Baltimore	611
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) Crownsville	B mos 2 days	c. CITY OR TOWN (If o		its, write RURAL and g	jive negrest lown)
d NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION	street address)	d. STREET ADDRESS		3.101	o. IS RESIDENCE ON A FARM? YES NO D
	pital		nvale St.		
3 NAME OF DECEASED (Type or print) AT2	Middle Zy	Pittman	4. DATE OF DEATH	Month 12	12 19 61
Molo Norma	MARRIED NEVER MARRIED DIVORCED DIVORCED	1890 (Jun	,) lost l	L ALL A L	Days Hours Min
Oa. USUAL OCCUPATION (Give kind of work don during most of working fife, even if retired) Unknown	e 10b KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	Mannelly	Va. 12. CITI	U.S.A.
3 FATHER'S NAME OLLY TI	thran	Unknown		me M	iells
15. WAS DECEASEDEVER IN U. S. ARMED FORCES (1981 to or unknown) If yes, give wor or date of service Unknown	(e)	Hospital Reco	rds	Address	
DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the under- lying couse last. CAUSE OF DEATH [Enter only one couse (o)] DUE TO (b) DUE TO Lying couse last. [c]	Alecia.				ONSET AND DEATH
PART II OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE COND	ITION GIVEN IN PART	(1)(0) 19 WAS AUTOPS PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	fort I ar Part II of it	em 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19		ACE OF INJURY (Hame, farm clory, street, office bldg., etc.		n) (C	County) (Sto
21. I certify that (I) (this hospital) of saw the deceased alive an 12/		4/10 19 death accurred PO 4/1	4.		L., that (I) (we) lo e date stated above
Frlakfard Helud K	Cion	M.D. PHYS 🔼 DI	ED STAP	š 🗆	12/12/6
22c PHYSICIANS NAME (Type) Hildegard H	eard Reissman, M.	D. Crownsvil	lle State	Hospital,	Maryland
230 BURIAL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY C	11	Balkin	ity, town, or county)	M of
24, FUNERAL DIRECTOR'S SIGNATURE RUSSELL RUSSE	2222W no	nzlowe DATE DATE	D BY REGISTRAR	25b. REGISTRAR'S SIC	GNATURE Krapik

TO HOSPITAL OR ATENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after the remained by the remained by the remained by the state DIRECTOR: After this certificate has been signed by the attending physician and completely d in by the page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shouthe State Board of Health priar to burial, crematian, or remaind, and in any event, within 72 haurs after death.

VR ATS (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

13402 CERTIFICATE OF DEATH in by the functol director, and 2 should be filed with Pages 1

13443

)	o. COUNTY and b. COUNTY (STATE b. COUNTY (STATE	rundel.
	b CITY OR TOWN (If outside corporate limits, write RURAL and give necessary of the RURAL and g	crest tawn)
		e. IS RESIDENCE ON A FARM? YES NO
	Female Cal WIDOWED DIVORCED & 3-14-1907 Styrs. Months Days	Type I I I I I I I I I I I I I I I I I I I
	18. FATHER'S NAME	
	(Is was Deceased ever in u. s. armed FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give were of dollars of service) Marie Smith Flowers Linguist	20 in Mil
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) 443 × DUE TO Conditions, if ony, which) (b) Conditions, if ony, which) (b)	FRYAL SETWEEN SET AND DEATH 7 days 7 days
	gove rise to immediate couse (a), stating the under: tying couse lost	10 yrs.
	САТС	PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o m While Not while of work of work of work 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County)	(Stote)
	saw the deceased alive an December 1896, and that death accurred a? 30%, from the causes and an the date 220 SIGNATURE AM D. ATTENDING MED DIRECTOR STAFF PHYS.	nat (I) (we) last e stated above. 22b DATE SIGNED
	22c PHYSICIAN'S NAME (Type) Theodore H. Johnson, M. D. 22d. ADDRESS 37 Calvert Street, Annapolis	s, Md.
	230 BURIAL CREMATION, 236 DATE THEREOF BY NAME OF CEMETERY OR CREMATORY Devices LOCATION (C, ty, town, or county) Permoval (Specify) 12-24-61 Davidsonvelle Davidsonvelle	(Stote)
	24. RUNERAL DIRECTOR'S STGNATURE ADDRESS ADDRESS ADDRESS DATE 250. REC'D BY REGISTRAR'S SIGNATURE DATE DATE	

Poge 4 hours ofter NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely page 3 should be detached for use as the buriot-transit permit. Then please remove corban papers. Pages the State Board of Health prior to buriot, cremotion, or removal, and in any event, within 72 hours after death. IDING PHYSICIAN: The low requires that the death certificate be executed within TO HOSPITAL OR 0

VR A15 (4) 1SM 9/S9



funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) a. COUNTY by the fand 2 sideath. Baltimore Anne Arundel MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY, N. 16 c. CITY OR TOWN (I outside corporete | m is, write RURAL end give nearest town) write RURAL and give nearest town! 12 years 5 mos. 3 days Baltimore Filled in Pages 1 Crownsville d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street eddress) d STREET ADDRESS IS RESIDENCE hours ON A FARM? 1613 N. Gilmore Street YES NO X Crownsville State Hospital 4. DATE Yeer Middle DECEASED OF (Type or print) DEATH 19 61 Rice Sylvester 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers IF UNDER 1 YEAR) IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH lest birthday) Months Deys Moure Negro WIDOWED T DIVORCED [1884 Male remove 10a. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRE dona during most of working fe, even if retired) physic U.S.A. Unknown Unknown 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending Unknown Unknown Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO. 17. INFORMANT Address (Yes, no, or unkown) [(Ifyesgive wer or deles of service) oval, Hospital Records the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BET -ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Bronchopneumonia IMMEDIATE CAUSE (a) **burial-transit** DUE TO gave rise to immediate cause DUE TO (e), steting the underlying has ceusa last. the PART II, OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOM certificate PERFORMED? Arteriosclerotic Cardiovascular Disease NO X 208. ACC DENT WAS UNDERLY NG LOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCR BE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) After this 20d. INJURY OCCURRED, 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c. TIME OF INJURY Month, Dev. Yeer (County) (Stela) Notate Land factory, street, office bidg., etc.) While et work 1949 21. I certify that (1) (this hospital) attended the deceased from 30. A.19 61, and that death occured a 7:30. M, from the causes and on the date stated above. 22b. DATE ATTENDING DIRECTOR PHYS. PHYS 22c. PHYS CAN'S 22d. ADDRESS Hildegard Heard Reissman, M. D. Crownsville State Hospital, Maryland 238. BURIAL, CREMATION, | 236 DATE THEREOF 132 NAME OF CEMETERY OR CREMATORY | 23d, LOCATION (City, town or county) REMOVAL (Specify) ralemy years 25e. REC'D BY REGISTRAR | 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 Circling S. Throne DATE JAN 1 1 '62

MARYLAND STATE DEPARTMENT OF HEALTH

RESTON STREET, BALTIMORE 1, MARYLAND

DIVISION OF STATISTICAL RESEARCH AND RECO



MARYLAND STATE DEPARTMENT OF HEALTH

13464

CERTIFICATE OF DEATH

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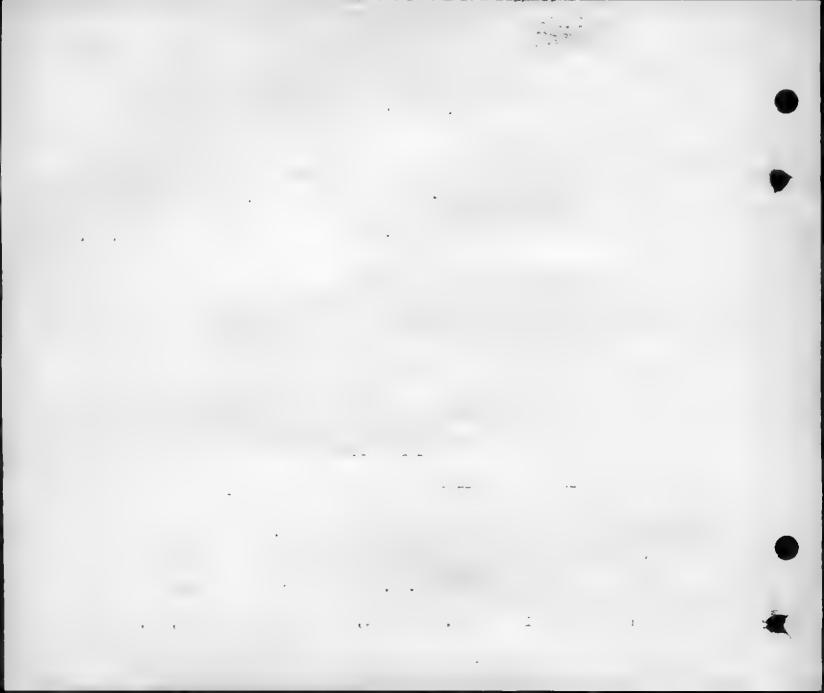
	GEICH I G				
PLACE OF DEATH		2. USUAL RESIDENCE (Who	ere deceased lived	If institution: Resid	ence before admission)
Anne Arundel	MARYLAND	Maryland	ь.	Montgome:	ry
b. CITY OR TOWN (if autside carporale limits, write RURAL and give nearest town)	ENGTH OF STAY IN 16	c. CITY OR TOWN (If at	utside carporate limi	ts, write RURAL on	d give nearest town)
Crownsville 1	mo. year days	Rockville		10 1	
d NAME OF HOSPITAL (If not in hospital, give street addre	ess)	d STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Crownsville State Hospital		Unknown			YES NO
NAME OF First	Middle	Lost	4. DATE	Month	Day Year
(Type or print) Kenneth		Ricks	OF DEATH	12	4 19 6
SEX [6. CQLOR'OR RACE 7. MARRIED	SEVER MARRIED	B. DATE OF BIRTH	9 AGE	(In years IFUND	ER TYEAR IF UNDER 24 HE
Male Negro WIDOWED		January 1, 1	.907 '5'4	(In years IFUND) birthday) Manths	Doys Hours Min
Qu. USUAL OCCUPATION (Give kind of work done 10h KIND		STRY 11. BIRTHPLACE (State of	or foreign country)		ITIZEN OF WHAT COUNTR
dwing most of working life, even if refired)		Unknown			U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
Unknown		Unknown			
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	IAL SECURITY NO. 17.1	NEORMANT	-	Address	
[Yes_ao, or unknown] . Iff was nive wor or dates of service)	Inknown	Hospital Rec	orde		
	J	MODEL OFF 1990	0143		INTERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one couse per time for PART I. DEATH WAS CAUSED BY:	. 1 11	1 1 1	_	Ya.	ONSET AND DEATH
IMMEDIATE CAUSE (a)	Te Mine	1-13-7 1	25.7		
DUE TO	/	1 ,			
Candi ans, if any, which agave rise to immediate	11 11 2 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1	- way	1.1 37		
couse (a), stating the under-	/	//	1		
lying couse last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL D SEASE COND	ITION GIVEN IN PA	ART 1(a) 19 WAS AUTOPS PERFORMED?
3					YES NO
CONTRIBUTING CASE OF DEATH If IT IT IS TO THE CONTRIBUTING CASE OF DEATH If IT IT IT IS TO THE CONTRIBUTION CASE If IT IT IT IS TO THE CONTRIBUTION CASE If IT IT IS TO THE CONTRIBUTION CASE If IT IT IS TO THE CONTRIBUTION CASE IT IS TO THE CONTRIBU	HOW INJURY OCCURRE	D (Enter nature of injury in P	art Lar Part II of it	em 18.)	
20c TIME OF INJURY Month, Day, Year 20d. INJUR	Y OCCURRED 20e Pt	ACE OF INJURY (Hame, farm,	20f (City or low	n}	(Caunty) (Sla
Hour o. m. While	TVOI Wille fo	clory, street, office bldg , etc.)		
p m	at work	10/20	60 30	14	(3)
21. I certify that (1) (this haspital) attended			5		_ 61 , that (i) (we) lo
saw the decrosed alive an 410 44	19/194 and that	death accurred at A:	M, from the co	ouses and an t	the date stated above
220 SIGNALINE SOLUTION	1 949	M.D. ATTENDING ME	D STAI	FF 2	12/4/61
22c PHYS CIAN'S	7	22d. ADDRESS			
NAME (Type) Lionel McHenry	Mapp, M. D.	Crownsvil	le State	Hospital,	Maryland
	C NAME OF CEMETERY C		23d LOCATION (C	ty, tawn, or county	y) (State)
REPRESENT 12/9/61	Mt. Pleasan	t.,	Norb	eck, Mi.	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRES\$	25a. REC'I	BY REGISTRAR	25b REGISTRAR'S	
Mrticate, ones ke	- Tooking	C. AM A DATEDE	C 1 1 '61	Cirilian 2	8. Thomas

TO KING OF MAN DATEDEC 1 1 '61

Page 4 director, Pages 1 and 2 shauld NERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely bages 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death DING PHYSICIAN: The law requires that the death certificate be executed within

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TO HOSPITAL OR VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13445

-0200							U X 3.	
1. PLACE OF DEATH COUNTY Anne Arundel.	MARYLAN		JSUAL RESIDENCE (WH S. STATE Mailyland		d lived. If instit b. COUN		ce befare ad	mission)
 CITY OR TOWN (If autoide carporate limits, write RURAL and give regrest town) 	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If o	utside carpo	orate limits, write	e RURAL and g	ive nearest t	awn)
Crownsville	2 y,4 mo,1	10 d,	Baltimore	17		34	4-4	
d. NAME OF HOSPITAL (If not in hospital, give stre	eet address)		d. STREET ADDRESS				- 01	RESIDENCE N A FARM?
Crownsville State Hosp	ital		1368 Whatco	at St			YES	□ NO Ex
3. NAME OF First DECEASED (Type or print) Prisci	Middle		Rogers	4. DATE OF DEATH		Aonth 12	30	Yeor 19 61
The same Time 187	ARRIED NEVER MARRIED [L933 SFPT	19	9. AGE (In year lost birthday 28 y		Days Ho	NDER 24 HR
100. USUAL OCCUPATION (Give kind of work done 1		NDUSTRY	11. BIRTHPLACE (State	ar foreign c	country)	12 CITI2	ZEN OF WHA	AT COUNTRY
during most of working life, even if retired]	unknown		Maryland				USA	
13. FATHER'S NAME		14	MOTHER'S MAIDEN N	AME				
Unknown			Unknown					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. of unknown) (If yes, give war or dates of service)		7, INFOR	MANT		A	ddress		
No	Unknown	Н	spital Rec	ords			_	
18 CAUSE OF DEATH [Enter only one couse pe PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY Bronchoppermonia							SETWEEN days
Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO								
Part II. OTHER SIGNIFICANT CONDITION Spastic di		_					PE	RFORMED?
	iplegia, congen						YES	NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	URRED. (Ei	iter nature of injury in I	Port I ar Pa	rt II at item 18.)			
Haur a.m. Wi	d. INJURY OCCURRED 200 hile Nat while wark ot wark	e. PLACE (foctory,	OF INJURY (Home, form street, affice bldg., etc	-)	y or tawn)	(0	County)	(State
21. I certify that (I) (this haspital) attending the deceased alive an 12/30	ended the deceased from	>m	21 . 19 h accurred at 5:		12/30	and on the	61 that (l) (we) la: ted abaye
220 SIGNATURE	Peine	M.D.	ATTENDING M	ED RECTOR [STAFF	1	0/61	226, DATE SIGNE
222 PHYSICIAN O NAME (Tyre) Dr. Hilda Reis	ssmann		22d ADDRESS Crownsv.	ille S	State Ho	spital		
23a BURIAL CREMATION 23b DATE THEREOF REMOVAL (Specify)	230 NAME OF CEMPTE	RY OR CR	EMATORY	23d 9OCA	TION (City, tow		((State)
24 Giveral threotor Gignature 348 m	altom &			D BY REGIS	TRAR 25b, RI	EGISTRAR'S SIC		

Page 4 director, fised with

· hours offer

If in by the function of and 2 shauld be

TO HOSPITAL OR ATTAINING PHYSICIAN: The law requires that the death certificate be executed within the control of the respined to the hospital or attending physician and campletely to the last bird this certificate has been signed by the attending physician and campletely to the last bird by the last bird to the last beautiful to the last bird by the bird the bird to the last bird to the last bird to bird, cremation, ar remayal, and in any event within 72 haurs after death.

VR A1S (4) 1SM 9/59



th' Poge 4 in by the force a mirectar, and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with may be retained to hospital ar ottending physician.

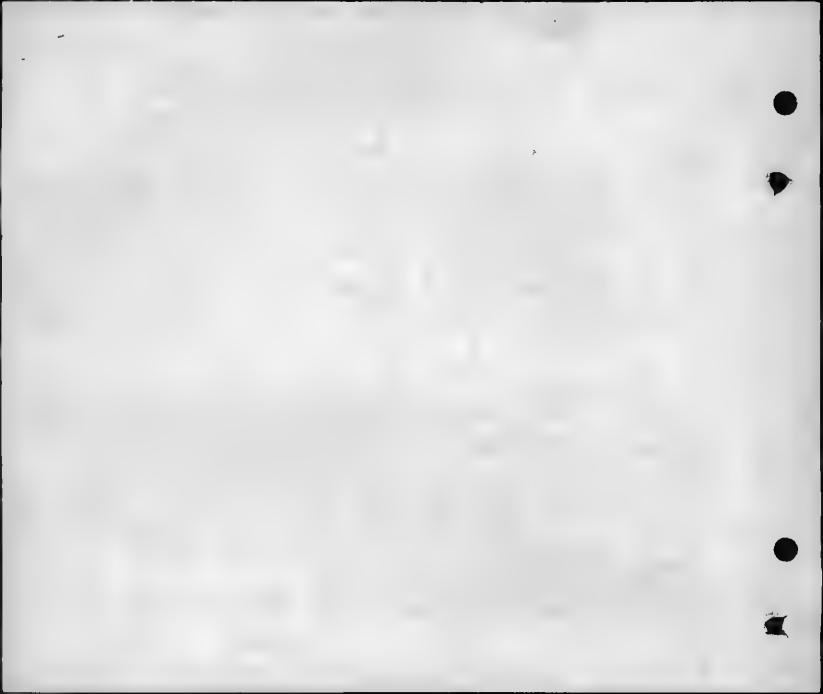
TO NERAL DIRECT After this certificate has been signed by the ottending physician and completely pass 3 should be detached for use as the buriol-transit permit. Then please remove capparagopers. Per the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

13466 CERTIFICATE OF BEATTLE **CERTIFICATE OF DEATH**

		1/ /		CERT	IFICA	TE OF D	EATH			Reg. Dist	10.42	45
	COUNTY		so de	RE RZPMAR	YLAND	2, USUAL RESIDE	Sam		b. COUNTY		before ad	mission)
b	RURAL and give	(If outside corporate I nearest town)	mils, write	c. LENGTH OF STAY	(IN 1b	c. CITY OR I	OWN (If ou	tside corporate	Simits, write R	URAL ond gi	ve negrest	town)
	OR INSTITUTION	PITAL (If not in hospital	, give street	o ddress)		d. STREET A	DDRESS -				0	RESIDENCE N A FARM? S NO 24-
1 0	NAME OF DECEASED Type or print)	Eva		Pawe	~	Se o 7		4. DATE OF DEATH	Mon		Doy 2	Yeor 19 4 /
_	Female	while	WIDOW	RIED NEVER MARR ED 🔀 DIVORCI	ED 🔲	-1/	1875		AGE (In years lost birthday) yrs.	The second second second	YEAR IF U	
L	art	TION (Give kind of worderking life, even if retuing the contraction)	k done 10b.	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPU	ACE (State of	r foreign count 신식	(ry)		EN OF W	HAT COUNTRY
		Lent R. R				14 MOTHER'S		ME H #2Se	7 ~			
15. Yes.	WAS DECEASED EN	VER IN U. S. ARMED F (If yes, give wor or dates	ORCES? 16.	SOCIAL SECURITY NO		ORMANT Mrs VM	gen 2 13	Imic	Add		come	
		EATH [Enter only one EATH WAS CAUSED BY IMMEDIATE CAUSE				ary JI	lrons	همم			INTERVA ONSET A	L BETWEEN AND DEATH
	Conditions, if gove rise to corse (o), stoting lying couse lest	immediate DUE	(b)	Comme	Bro	Carol	s. V.	aseul	in Or	sear	2 -	Iver
CATION		THER SIGNIFICANT CO	NOITIONS	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMIN	AL DISEASE C	ONDITION GIV	EN IN PART	PE	AS AUTOPSY REFORMED?
L CER	OR CONTRIBUTIN	YAS UNDERLYING IN IG IN CAUSE OF DEAT IY MEDICAL EXAMINE	HI	CRIBE HOW INJURY O	OCCURRED.	(Enter noture of	injury in Po	et I or Port II	of item 18)			
MEDICA	20c, TIME OF INJE Hour a.m. p. m.		While		20e. PLAC focto	E OF INJURY ()	lome, form, bldg., etc.]	20f. (City or	town)	ICO	ounty)	(Stote)
	alive on	that I attended to		Engles	t death o		820 Q Cest	DDRESS (Street	he causes of town,	and on the		he decease tated above DATE SIGNE
220.	NAME (Type)	ON, 226. DATE THE	EOF	22c. HAME OF CEN	NETERY OR	7	2	len Be 12d. LOCATION	N (City, town, o	pr county)	. /	Stote)
23. 1	FUNERAL CIRECTO	F's SIGNAPULE	-196] G	Jandon O ADDRESS	- Park	W. Cem		BY REGISTRAL		STRAR'S SIGI	NATURE	

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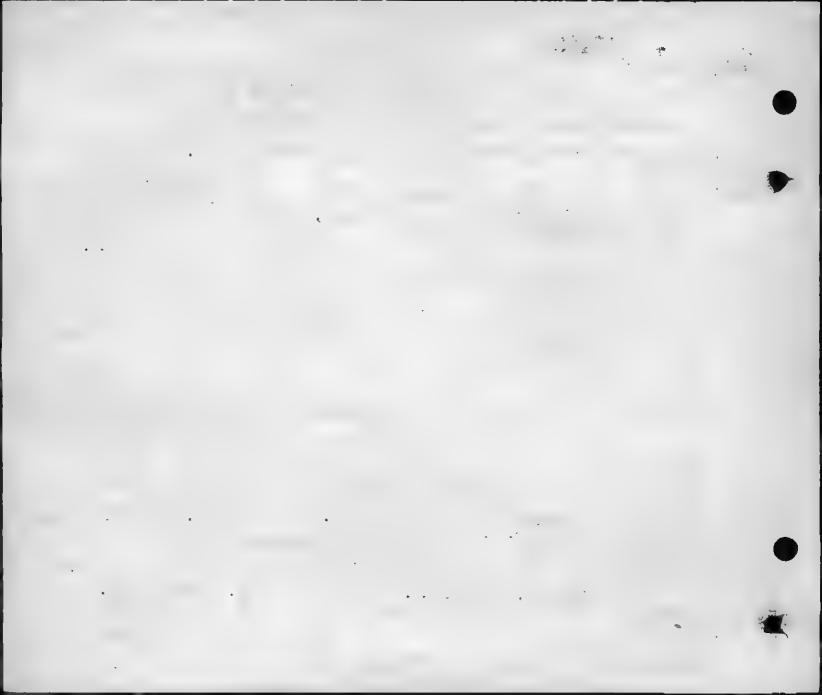


VR A15 (4) 15M 7 61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
13468 CERTIFICATE OF DEATH 13468 13447

ı	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, it institution: Residence before admission)
ı	Anne Arundel MARYLAND	Maryland Anne Arundel
ľ	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ı	Annapolis	// Annapolis
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	Anne Arundol General Hospit al	112 Ridgley Ave.
H	DECEASED	OF
1	(Type or print) Annual	SHAWN December 2 1961
١	7. NONCHED [] (ACTER MAKRIED []	DATE OF BRITH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Days Hours Min.
ŀ	Female White WIDOWED DIVORCED	June 1, 1882 79 yrs.
1	done during most of working life, even if retired)	Y 11, B RTHPEACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ŀ	HOUSEWIFE DOMESTIC	Germany U.S.
ł	1 12 120 Massagerilm. DT2	CARDINE PLITT
ŀ		NFORMANT Address A
ı	(Yes, no, or unkown) (Hyasgivewerordatesofservice)	LOUISE SHAWN ANNAPOLISMI
i	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)]	INTERVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY:	11 to 12 20 mgs
1	.5401 DUE TO 10	16 days
	Conditions, if any, which \ (b) Perforated gas	tric ulcer
1	geve rise to immediate cause (a), stating the underlying DUE TO	
1	cause last. (c)	
1	PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?
	3 Pladetes mellitus with	Coma YES X NO 1
	PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO I a DETES WIE 11 tas With 208. ACC DENT WAS UNDERLY NG 206 DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH I IF EITHER, NOTIFY MEDICAL EXAMINER;	. (Enter neture of injury in Pert I or Pert II of Item 18.)
-		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
1	D Hour a.m.	ory, street, office bldg., etc.]
1		Nov. 26, ., 19.61 to Dec. 2,, 19.61 that (I) (36) last
1		death occured at
1	22a. SIGNATURE	8:10 PM 22b. DATE
1	The hand of the then any M	10 M
	22c. PHYS CIAN'S	22d ADDRESS
	Richard I. Hochman, M.D.	59 Franklin St., Annapolis, Md.
	236. BURIAL CREMATION. 236. DATE THEREOF 23c. NAME OF CEMETERY.	OR CREMATORY 23d. LOCATION (City, town or county) (Sinte)
	Cremation 12/4/1761 for den	258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	24 FUNERAD DIRECTOR'S SIGNATURE ADDRESS	Alex NEATE DEC 6 '61 Chilling & thrown
	with the state of the state of the state of	The state of the s



DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad. If institution, Residence before edmission) e. COUNTY **b.** COUNTY e. STATE MARYLAND b. CITY OR TOWN (if outside corporate limits. PENGTH OF STAY IN 16 c CITY OR TOWAK(If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest lown .5 * Pages 1 urs after d. NAME OF HOSPITAL d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO 3. NAME OF DATE Dev Year DECEASED OF (Type or print) DEATH 1965/ and co withi COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED DIVORCED X death certificate physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPHACE (County)& State, or foreign country)A done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) If yes give wer or detes of service ng physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to Immediate cause DUE TO (a), sleting the underlying the burburial, ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? 8 0 NO YES 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED I 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. et work el work p.m. 19, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on... DATE 22m SIGNATURE 22ь. SIGNED **ATTENDING** MED. STAFF DIRECTOR PHYS. PHYS. M.D. 22c. PHISICIAN'S 22d. ADDRESS NAME (Type) CEMETERY OR CREMATORY (Stete) 236. BURIAL, CREMATION, 236. REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence bafore edmission) . COUNTY e. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (if outs de corporete limits, c LENGTH OF STAY IN 15 c. C.TY OR TOWN (If outside corporate limits, write RURAL and give neerest town) White RURAL and give nearest town) ひをく H てのん d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO 3. NAME OF 4. DATE Morth DECEASED OF (Type or print) DEATH 5. SEX IF UNDER 24 HRS. 6. COLOR OR RACE 9. AGE [In years | IF UNDER 1 YEAR | NEVER MARRIED last, birthday) Months Devs Hours WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NDJSTRY II B RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratirad) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) 18. CAUSE OF DEATH [Enter only one cause per tipe for (e), b), and (c), INTERVAL BETWÉEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if eny, which gave rise to 'mmediate cause (a), stefing the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19, WAS AUTOPSY PERFORMED? NO YES CERTIFIC 200, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert I. of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd, INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 2Df. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) Not While While Hour a.m. at work at work ./..., 19....., that (I) (we) last saw the deceased alive on ...d. 22e. SIGNATURE ATTENDING MED. STAFF PHYS, DIRECTOR PHYS. 22d. ADDRESS NAME (Type) 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 25e. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS

DATE

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d in by I wanted director, I and 2 should be filed with death. Page 4 NERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 the State Board of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

O HOSPITAL

- 0 VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13470

42450

1	PLACE OF DEATH d. COUNTY Anne Arus	ndel		MARYL	AND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission o. STATE b. COUNTY Maryland Prince George							
	RURAL ond give ne Crownsvi	lle		12 year 9 mos.20 d		c. CITY OR TOWN (IF		orote limits, write R	URAL ond g	give neare	est town)		
	OR INSTITUTION	AL (If not in hospital, g				d. street address Unknown					IS RESIDENCE ON A FARM? YES NO		
3	NAME OF DECEASED (Type or print)	Fir	attie	Middle Kat	e	Lost Simmons	4. DATE OF DEATH	Mor 1	ith .2	Day 13	Yeor 19 61		
5	SEX Female			RIED NEVER MARRIED		B. DATE OF BIRTH)	9. AGE (In years lost birthdoy) 51 yrs		I YEAR	F UNDER 24 HR Hours Min.		
10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN (ZEN OF V	VHAT COUNTRY					
13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME													
15	. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17 IN	Unknown		Add	ress				
No (ff yes, gave wor or dates of service) Unknown Hospital Records								VAL BETWEEN					
	Conditions, if or gove rise to it cause (a), stating tying couse lost.	nmediate DUE TO)			s Leukemia					T AND DEATH		
CATION	PART II OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT		NOT RELATED TO THE TERM Anomía	AINAL DISEAS	SE CONDITION GIV	VEN IN PAR		PERFORMED?		
CERTIFI	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURREC	(Enter noture of injury in	Port I or Po	rt II of item 18.)					
MEDICAL	20c. TIME OF INJURY Hour o. m	Month, Doy, Ye		NJURY OCCURRED Not while rk of work	20e. PLA foc	ACE OF INJURY (Home, for tory, street, office bldg., et	m. 20f. (Cit	y or town)		County)	(Stol		
	21 I certify that saw the decease 220 SIGNATURE) attend 12/13	ded the deceased f		2/23 eath accurred aft 0	49 ta_ 11/5 fram	12/13 the causes ar	196 an the	1 , that date :	t (I) (we) la		
	Na	rhell ft	free	Maffs	ı		MED.	STAFF PHYS			12/14/6		
	22c. PHYSICIAN'S NAME (Type)	Lionel M	сНея	ry Mapp, M.	D.	22d ADDRESS Crownsvi	ille S	tate Hosp	ital,	Mar.	yland		
23	REMOVAL (Spec fy	23b, DATE THEREC	6/	1230 MANTOF CEME	ERY-OI	had School	23d LOCA	Clima (City, town,	e U	id.	(Stote)		
24	NEBAL DIRECTOR	SIGNATURE	. 1	ADDRESS	6.11		DEC 18	- 4	STRAR'S SIC	GNATURE	f		



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NERTL DIRECTOR After this certificate has been signed by the ottending physicion on complete y and in by the funeral director, nert and 2 should be detached for use as the burial-transit permit. Then please remove corbon papers. Tager 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed with 114 hours

TO HOSPITAL TC VR A15 (4) 15M 9/59

L-												عنزير	1. J. J.	
	PLACE OF DEATH COUNTY Ant	ne Arundel			MARY	LAND		SUAL RESIDENCE (WI		b, COUNTY	an Reside	nce befo	nde l	Hon)
Ę۲	b. City OR TOWN RURAL and give ort Georg	N (If outside corporate limi e nearest town) ge G Meade	ts, write		oth of stay	IN 16		CITY OR TOWN (IF O	outside corpor	ote limits, write R	URAL and	give ne	arest towr)}
}	OR INSTITUTIO	SPITAL (If not in hospital, g DN 1 Ar ly Tospit		oddress)				STREET ADDRESS 890A Annar	olis R	load				FARM?
3.	NAME OF DECEASED (Type or print)	fir Sus		pit	Middle L			lost Sisk	4. DATE OF DEATH	Decen		27		19 61
	sex comale	6. COLOR OR RACE Caucasian	7 MARE WIDOW		DIVORCE			TE OF BIRTH July 1960		9 AGE (In years lost birthday) 1 yrs	Manths	R 1 YEAR Days	Hours	Min.
100	during most of v	ATION (Give kind of work of warking life, even if retired	done 10b.	KIND OF	BUSINESS O	R INDUS	STRY	11. BIRTHPLACE (Store Germany	or foreign co	untry)		TIZEN O	FWHAT	OUNTRY
13	FATHER'S NAME						14	MOTHER'S MAIDEN I	NAME					
	William	Sisk					S	elva Meado	WS					
15.	WAS DECEASED	EVER IN U. S. ARMED FOR	CES? 16.	SOCIAL S	ECURITY NO	. 17 1 N	IFORM	AANT		Add	ress			
Ĺ	_			_		F	ath	er See ite	m 13	Se	e ito	em 2	D	
Z	Conditions, i gove rise to cause (a), stati lying cause la	immediate DUE TO)	Unde Hydro Hent	cephal	lus phy:		al retarda		COMPITION C	VENT INC DA	ON	ERVAL BE	DEATH
CERTIFICATION				Meni	ngomyc]	loce	le				FEIN IN FA	K1 1(0)	PERFO	RMED?
	200 ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING [] ING [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	206. DES	CRIBE HC	W INJURY O	CCURRE	D. (En	ter nature of injury in	Part I ar Part	of item 18)				
MEDICAL	20c. TIME OF IN Haur a. p. 1	10	While	No	CCURRED t while work		clory,	F INJURY (Home, forestreet, affice bldg., et	c.}			(County)	(Stote
	saw the dec	that (I) (this haspital eased alive an ²⁷						ovember 11	55 1.10	becember	, ., .,_		e stated	
	220 SIGNATUR	leemo-	16	ole	euse		M.D.		NED.	STAFF PHYS.		28		DATE 1901
	22c PHYSICIAN NAME (Typ	S. northi S.	,43II	NSON	CAPI,	IC .		22d ADDRESS Kimbrough	Army H	ospital	Ft Ge	org	e G)	leade Md
23.	DURIAL, CREMA REMOVAL (Special)		PF 2	CE	LLE 9	Ten		acement	23d LOCAT	Kingle	11,2	122.	(Sta	te)
24	Flineral prect	OR'S SIGNATURE	, 100	TAP	DRESS	ce -	6	DATE AN	D BY REGIST	V		TCMILL.		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Residence before admission) PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institutions a. COUNTY b. COUNTY Anne Arundel Baltimore City MARVIAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outs'da corporata limits, wr.ta RURAL and give nearest town) write RURAL and give nearest town)
Crownsville Baltimore Vrs. mos. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stree eddress) d. STREET ADDRESS S RESIDENCE ON A FARM? Crownsville State Hospital George Street YES NO IX 3. NAME OF Middle DATE Month DECEASED OF Ada (Type or print) Frances Smith DEATH 19 67 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last b rthday) Months Hours Female. WIDOWED DIVORCED TO 1897 Negro 1Da. USJAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Domestic U.S.A. Domestic Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Burton Marvlish Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) | [If yas give war or dates of service] Hospital Records 18. CAUSE OF DEATH [Enter on y one cause per line for (a), (b), and (c), (INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Generalized Carcinomatosis IMMEDIATE CAUSE (a) DUE TO Carcinoma of the Andometrium of Uterus geve rise to immediate cause **DUE TO** (a), stating the underlying PART I. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Paranoid Schizophrenia NO X 20a. ACCIDENT WAS UNDERLYING | 20b. DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Yeer 2Dd. IN. JRY OCCURRED 2De. PLACE OF INJURY (Home, farm 2Df. (City or town) (County) factory, street, office bldg., etc.) While Not While at work at work 1945, to 12/28 19.61, that (I) (we) last (this hospital) attended the deceased from... saw the deceased 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS NAME (Type)Ti Crownsville State Hospital, Maryland 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town or county) (State) 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) C Thun S. Huma 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 c - F 2. USUAL RESIDENCE (Where deceased lived if institution Residence Before admission) PLACE OF DEATH D COUNTY o. STATE COUNTY MARYLAND c. CITY OR JOWN Alf outside corporate limits, write RURAL and give negrest town b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest (pwn) days d. NAME OF HOSPITAL (LE.not in hospital d. STREET ADDRESS give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 7 _= NAME OF 4. DATE First Middle Month Last Day Year DECEASED DEATH (Type or print) 19 (2) 5. SEXA 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF SIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Doys Hours DIVORCED | WIDOWED 17 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) dering most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physici 17. INFORMANT IS WAS DECEASED EVER IN U. S. ARMED FORCES? I.A. SOCIAL SECURITY NO. liams -300 Sollers H. Rd. None gu attendi 18 CAUSE OF DEATH | Enter only one couse per lime for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH 큡 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO Conditions, if ony, which gove rise to immediate Per **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? burial YES NO Z 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port | or Port | of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, farm, 20f (City or town) Day, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work at work p. m. 21 1 certify that (H) this haspital) attended the deceased fram. 1/5 30-. 1961 that (1) (we) last ..ta_ saw the deceased alive an. ... 19/17 , and that death accurred at M, from the causes and an the date stated above DIRECTOR 220. SIGNATURE 22b DATE SIGNED ATTENDING STAFF PHYS. PHY5 DIRECTOR | M D 22¢ PHYSICIAN'S 22d, ADDRESS NAME (Type) 23a BUR AL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) REMOVAL (Specify) 556 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 2So. REC'D BY REGISTRAR Cilling S. Krassa DATE JAN

NARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

L		13474		CERT	IFIC/	ATE OF D	EATH			Reg. Dist	NO A F	54
L	PLACE OF DEATH					2. USUAL RESID	DENCE (Where		If institution	1: Residence	before admi	ission)
L		ANNE ARUNI			YLAND	MAR	YLAND		ANNE	ARUND	EL	
L	B CITY OR TOWN	N (If outside corporo e negrest lown)	te limits, write	c LENGTH OF STAY	/ IN 16	c. CITY OR T	OWN (If outsid	le corporate lin	nits, write RU	RAL and give	e nearest for	vn)
L		EWATER				X		WATER				
	d. NAME OF HOS	SPITAL (If not in hosp)N	pital, give street	address)		d. STREET A	DDRESS				e. 15 RI ON	A FARM?
	WOODL	AND BEACH				MOODI	AND BEA	CH				NO [K]
3.	NAME OF DECEASED (Type or print)	Edgar	First	R, Middle		Smith.	/	DEATH -	ec . Month	6	Day	Year 196 /
	SEX	6 GOLOR OR	RACE 7. MAR	RIED 🖄 NEVER MARRI	IED 🔲	8 DATE OF BIRTH	1	9. AG	5 3 4 5 E	Manths Do	YEAR IF UNI	
1-	Male	White	WIDOW	1447		Dec. 8,	1889		7 6 yrs.		Dy's Hour	MID
10	o USUAL OCCUPA during most of y	ATION (Give kind of yarkıng life, even if i	work done 10b retired)	KIND OF BUSINESS	OR INDU							T COUNTRY
L		tat. engine	er i	lotel			Harbor,				USA	
13	. FATHER'S NAME	C++1					MAIDEN NAMI					
L		y Smith					dy P. P	erry				
15 (Y	. WAS DECEASED (EVER IN U. S. ARMEI	otes of service)	SOCIAL SECURITY NO		NFORMANT			Addre			
L	Yes	?	μ.	50-07-8277	Mr	s Elizab	eth L.	Buck- I	aughte	r- sa	me as	# 2
				ine for (a), (b), and (c)]	,/	/				INTERVAL I	
		DEATH WAS CAUSED IMMEDIATE CA	USE (0) 4	ute Cor	onal	ry thro	mhosi	3			-7 R	uso
L	420	/ 0	UE TO	-y 1	11	. 1 .		. 11	2.	1		
	Conditions, il		(b) (b)	LESTOAL	IR.	MIL	- Cas	dio	- VRAL	ulp	13	425
	couse (a), stati	ng the under-	UE TO		d	seas	2-				/	/
12	lying couse to		(c)								/_	
CATION				CONTRIBUTING TO DE	AIH BUI	NOT RELATED TO	THE TERMINAL	DISEASE CON	DITION GIVE	N IN PART 1	(a) 19. WAS PERF YES [ORMED?
CERTIFI	200. ACCIDENT OR CONTRIBUTE (IF EITHER, NOT	WAS UNDERLYING NG [] CAUSE OF D IFY MEDICAL EXAMI	EATH NER)	SCRIBE HOW INJURY C	OCCURRE	D. (Enter noture of	injury in Port	l or Port II of i	tem 18)			
MEDICAL	20c. TIME OF INJ			NJURY OCCURRED	20e. PL	ACE OF INJURY (I	tome, farm, 2	Of (City or tav	(n)	(Cou	inty)	(Stote)
MEC	Hour e. r		19 While		"	,,,	Diag (cic.)					
ı	21. I certify	that I attended	the decea	sed from	Ou.	20.19.6.	10/De	576	. 19.6.1.	that I la	st saw the	e decease
l	alive an	Den 6	19,4	and that	t death	occurred at.	7:25 AN	, from the	causes or	id on the	date sta	ted above
ı		(, ,	6	, D	1			RESS (Street, ci				DATE SIGNE
	ACTUAL SIGNATURE	Decker	110	Dun		мо	+ 1 By	×21.	2-H		12/0	161
	PHYSICIAN'S NAME (Type)	15/10	ia M	1) Lin		Edy	ewal	er, 1	4d			
22	BURIAL CREMA	TION, 226. DATE T	HEREOF	22c. NAME OF CEM	AETERY O	R CREMATORY	22d	LOCATION (ity town, or	county)	(Str	ole)
	REMOVAL (Spec	Dec.	8,1961	Asbury M.	E.	Cemetery	16	Sommer	S Poir	t, N T		
V	The Party	OR'S SIGNATURE	5%.	ADDRESS			24a. REC'D BY	REGISTRAR	24b. REGIST	RAR'S SIGN	ATURE	
14	lopping F	uneral Ho	me A	nnapolis, h	Mid .		DATE ULL	3 61		1 8. 1	Trave	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I yed, If institution, Residence before astmission) e. COUNTY b. COUNTY Anne Arundel MARYLAND Mary land Anna Arunda ... CITY OR TOWN (If outside corporate limits, write RUKAL and give nearest town) b. CITY OR TOWN (f outside corporate lim ts, LENGTH OF STAY IN 16 write RURAL and give negrest town) (P.O. Box #21) Pasadena d. STREET ADDRESS Annacolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street eddress) a. IS RESIDENCE ON A FARM? Anne Arundel General Hospital Old Annapolis Blvd. YES NO 3. NAME OF 4. DATE Yeer DECEASED **EMMA** HOHREIN DEATH DEC 1961 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years [IF UNDER 1 YEAR] IF UNDER 24 HRS. 8. DATE OF B.RTH lest birthdey) WIDOWED | D VORCED 3b Feb. Female 10e. USUAL OCCUPATION (Give Kind of work 10b, KINO OF BUSINESS OR INDUSTRY 11, 8 RTHPLACE (County & State, or foreign country) I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housework Own Home Brooklyn New York U.S.A. 13. FATHER'S NAME Joseph Mary 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ! (If yes give wer or dates of service) Mr. Charles Mohrein Same AS BETWEEN 18. CAUSE OF DEATH [Enter only one cause per tine for (e), (b), and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) MYDCA RDIAL I-NFARCTION IMMEDIATE_ (b) CORONARY THROMBOSIS 4-8 HOURS DUE TO (e), steting the underlying ceuse lest. PART I, OTHER SIGN FICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 169, 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 🏴 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert I of item 18.) 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH Month, Cey, Year 20d. INJURY OCCURRED 20s. PLACE OF NIJRY (Home, ferm, 20f. (C'ty or town) (County) 20c. T.ME OF INJURY fectory, street, office bldg., etc.) While Not While Hour e.m. et work | et work | may be retaine DIRECTOR: 21. I certify that (I) (New hospital) attended the deceased from DEC 21., 1961, to 19..... that (I) (we) last saw the deceased alive on. DFC 2.1.. 1961..., and that death occurred at AM, from the causes and on the date stated above. 22b. OATE 22e. SIGNATURE SIGNED arthur Lan DIRECTOR PHYS PHYS. 12-23-6. ih. Pas FUNERAL 22d. ADDRESS 22c. PHYSIC AN'S NAME (Type) 1 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 27th Dec. 1961 Glen Haven Memorial Pkl. 24 PUNERAL DIRECTOR'S SIGNATURE! ADDRESS. 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) DATE DEC 2 8 '61 Glen Burnie, Md. 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission) e. COUNTY MARYLAND b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) DECEASED (Type or print) OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS

18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).

DUE TO

DUE TO

Month, Dey, Year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT

21. I certify that (I) (this hospital) attended the deceased from,

While

at work

Not Whila

et work

a. STATE MAR US. COUNTY	
c. CITY OR TOWN (If gutside corporate tim ts, write RURAL en	d giva nearest town)
BALTI MERE) a. IS RESIDENCE
712 CARROUTON	ON A FARM
Last 4. DATE Month	Day Year
nith of 12	26 1961
8. DATE OF BIRTH 9. AGE (In years) IF UNDER I	YEAR I IF UNDER 24 HRS
10-28-18 4 H 2 yrs. Months	Days Hours Min.
	IZEN OF WHAT COUNTRY
14 MOTHER'S MAIDEN NAME	USA
LAURA SMITH	
INFORMENT	_
tos PITAL RECORDS	
	ONSET AND DEATH
UEUNIA	ONSE! AND DEATH
	-
EX SKIN UKERS	
OT RELATED TO THE TERM HAL D SEASE CONDIT ON GIVEN IN PAR	
	YES NO

BALTIMORE 1. MARYLAND

etely carbon PER please ding affend ng physician signed by I peen le ha hospital certificati After this may be retain DIRECTOR: irector, page se filed with the FUNERAL P. d

CERTIFICATION

and ģ

VR A15 (4) 15M 9/60

OR

BURIAL, CREMATION.

PHYSICIAN S

dona during most of working life, even if retired)

15. WAS DECEASED EVER IN J.S. ARMED FORCES?

(Yes, no, or unkown) | (If yes giva war or datas of service)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

gave rise to immediate cause

(e), stating the underlying

20c. TIME OF INJURY

SIGNATE

Hour e.m.

p.m.

saw the deceased alive on

208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

NAME OF CEMETERY OR CREMATORY

SOCIAL SECURITY NO 1 17

ATTENDING

ADDRESS

PHYS.

22d.

factory, streat, office bldg., etc.)

20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Pert II of item 18.)

20d. INJURY OCCURRED 20s. PLACE OF INJURY (Homa, farm,

(Stela)

(State)

22b. DATE

SIGNED

REGISTRAR 256. REGISTRAR'S SIGNATURE

PHYS.

20f. (City or lown)

DIRECTOR

arthur & Kraus

(County)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		9
and in by the luneral allector,	and 2 shauld be filed with	M
~	CA	/ ~
=	and	
5	es –	#

death. Page 4

TO NERAL DINICAOR: After this certificate has been signed by the attending physician and mampletely page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Page the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours offer decire.

TTIMENT FINAL THY TICIAN: The law mapiem that the death methicate be executed within 24 hours

TO HOSPITA VR A15 (4) 15M 9/59

	· 13476		TE OF DEATH	MORE I, MARTLAND	13456						
)	1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who STATE Planyland	ere deceased lived If institut b. COUNTY	on. Residence before admission)						
	b CITY OR TOWN (ft outside corporate limits, write RURAL and give nearest town)	E LENGTH OF STAY IN 16		utside corporate limits, write f	URAL and give nearest town)						
	G. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	y,10 mo,7 d.	Baltimore d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?						
100 D 7											
	Crownsville State Hospita 3 NAME OF DECEASED (Type or print) Turning	Middle	Lost	4. DATE Moi	1th Doy Yeor 2 25 1961						
	- Junius	Edward	Smith B DAYE OF BIRTH	9. AGE (In veors	17 17						
)	Male N WIDOWEL	DIVORCED	1892	(Sybirthdoy) yrs	Months Doys Hours Min						
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stoke Maryland	or foreign country)	USA						
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N								
	unknown		Fannie Smit	h							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 5 [Yes, no, or unknown] [If yes, give war or dates of service]	H	formant lospital Recor		ress						
	18 CAUSE OF DEATH Enter only one couse per line				INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	PART I. DEATH WAS CAUSED BY Congestive Heart Failure									
	DUE TO	DUE TO									
	Canalitous, it only, which [b]	teriosclerotic	Cardiovascul	ar Disease	over 5 ye.						
	gove rise to immediate Couse (a), stating the under-										
	lying couse lost. (c)										
	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?						
	Psychomotor E	oilepsy			YES NO						
	OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRED). (Enter noture of injury in I	Part Lar Port II of Item 18-)							
	20c. TIME OF INJURY Month, Day, Year 20d. IN White of work	Not while of work	ACE OF INJURY (Home, form tory, street, office bldg., etc.	, 20f. (City or town)	(County) (Stole)						
	21. I certify that (I) (this haspital) attended saw the deceased alive an 12/251				181, that (I) (we) last and an the date stated above.						
	Hela Chard, Heard Per	ma	ATTENDING ME		12/26/61 226 DATE SIGNED						
	NAME (Note) Dr. Hilda Reisma	nn		esville State	Hospital						
	230 BURIAL CREMATION, 236 DATE THEREOF	23c, NAME OF CEMETERY OF		23d LOCATION (City, town,							
	BULL 12/29/61	Mt. CALVA	ry Com.	A.A. Cou	MIX poli						
	24 FUNERAL DIRECTOR SIGNATURE	1129 h Can			ISTRAR & SIGNATURE Lug S. France						



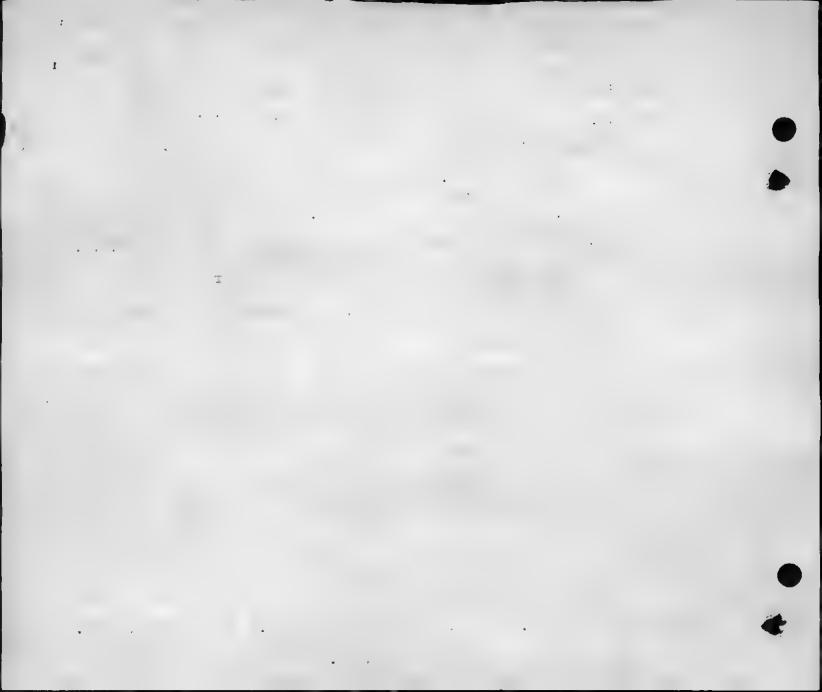
1 .2	Ľ t	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	16	13477 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1.	PLACE OF DEATH COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Rasidence before admission) COUNTY
necessary, ictor. Page our files. of Health,		b. CITY OR TOWN (I outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 1b write RURAL and give nearest, town) a. STATE b. COUNTY MARYLAND c. CITY OR TOWN (I outside corporate limits, write RURAL and give nearest town)
lay is ne lay is ne lay is ne lay is ne lay		d. NAME OF HOSPITALY NE F
ny di ne fune rotaine deafh.	3.	NAME OF Less Month Day Year OF
3 to the bear the residue of the res	5.	(Type or print) LEROY SYLVESTER STANLEY 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS.
2, and 2, and 2 w	10	Male Negro WIDOWED DIVORCED June 8 1919 12 VIS. 3. JSUAL OCCUPATION (GIVE kind of work 10b KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (Stole or fore on country) 12. CITIZEN OF WHAT COUNTRY?
24 hours e Pages 1, 2M3. Page pages 1 al		Laborer
言語言言		George Stanley Lillie M. Camper Was deceased ever in U.S. Armed Forces? 16. Social SECURITY NO 17 INFORMANT Address
d with 18.	0	(es, no, or unkown) (lifyesgivewerordstesofservice) Ruth Bailey, Cambridge, Md.
d then it per		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:
alon frans		IMMEDIATE CAUSE (*). Massive Hemorrhage from the Lungs
n per ffice urial- val,		Conditions, if eny, which \ (b) Pulmonary tuberculosis
shot of s'r		gave rise to immediate cause (a), stailing the underlying
ficate endin	1_	caute last. (c)
certification of the certifica	NOIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ER: This the work Medical should be	CERTIFICATION	
AMINI writing c Chief Page 3	MEDICAL	20c, TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 20c, PLACE OF INJURY (Home, ferm, 20f, (City or town) (County) (State) Hour e.m. 19 And White Fectory, street, office bldg., atc.)
Cate, To the prior		21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection . Inquiry . and in my opinion
Sent,		death resulted from Natural gauses X. Accident . Suicide . Homicide . Undetermined manner
ME the cer forwards L DIRECT afed ager		ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED
OUTY IN execute Id be for IERAL lesignate		EXAMINER'S
Should Is desi	22	NAME (Type) HOWARD G. SHAUB, M. D. Addrass (Streat, C.I.Y. town, or country) 12/7/61 12/7/61 12/7/61 12/7/61
400	I	Rem-Burial 12/10/1961 Madison Cemetery Dorchester County, Md.
YS. A15ME	2	3. FUNERAL DIRECTOR 1 246. REGISTRAR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE Thanks
5M 9/60	1	Cambridge, Md. DATE

.

1	/8	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		13474 CERTIFICATE OF DEATH Reg. Dist NG 4 5 4
director		1. PLACE OF DEATH O. COUNTY ANNE ARUNDEL MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND ANNE ARUNDEL
eral	M	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest lown) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside carporate limits, write RURAL and give nearest lown)
0	X X X	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ON A FARM?
η,	B	3. NAME OF DECEASED The First R Middle Lost. 4. DATE OF DOY Year OF DECEASED TO THE PROPERTY OF THE PROPERTY O
		5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) Months Doys Hours Min.
cample	death.	10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY) 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY)
on and	ofter de	13. FATHER'S NAME
physici	hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address
ttending	please re within 72	Yes ? [150-07-8277 Mrs Elizabeth L. Buck- Daughter- same as # 2 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). Acute Coronary throm bosis The same as # 2 INTERVAL BETWEEN ONSET AND DEATH The same as # 2
by the o	event y	(Conditions, if ony, which) (b) (Interiosclessfic Cardio-Vascular Zueas)
signed		gover rise to immediate couse (a), stoting the under-lying couse lost.
5 2 0 -	aval, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1P. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1P. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1P. WAS AUTOPSY PERFORMED?
nding p	2 c c c c c c c c c c c c c c c c c c c	20s. ACCIDENT WAS UNDERLYING 20s. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING 20s. ACCIDENT WAS UNDERLYING 20s. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)
ar alte	mation,	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour a. m. While Not while of work of
haspita After It	rial, cre	21. I certify that I attended the deceased from fully 20, 1961, to Sec. 57., 1961, that I last saw the deceased alive an Decease alive an Decease alive an Decease alive an Decease and an the date stated above
by the	ior to bu	ACTUAL SIGNATURE ACTUAL M.D. Rt Box 200-M 12666
	rar pri	PHYSICIAN'S Sylvia M. Ling Edgewater, Md.
D Pe	Tage Ja	220. SURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) REMOVAL (Specify) Dec. 8, 1961 Asbury M.E. Cemetery
VS A15 15M 9/5		23 FUNERAL DIRECTOR'S SIGNATURE HOpping Funeral Home Annapolis, Md. 240. REC'D 87 REGISTRAR 246 REGISTRAR'S SIGNATURE DATE DEL 3 61 7 2. Trance
JIM 7/3	-	



MARYLAND STATE DEPARTMENT OF HEALTH **TATISTICAL RESEARCH** AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND⁵ CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before earn ssion) e. COUNTY **b.** COUNTY Anne Arundel MARYLAND Mary lad Anne Arundel b. CITY OR TOWN (if outs de corporete limits. e. LENGTH OF STAY IN 16 write RURAL and give nearest town) (P.O. Box #21) Annanalis
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street eddress) . IS RESIDENCE ON A FARM? Anne Arundel General Hospital Old Annapolis Blvd. YES NO 3. NAME OF DATE DECEASED EMMA DEC HOHRETN DEATH (Type or print) 19 6/ 9. AGE (In yeers | IF UNDER 1 YEAR) .F JNDER 24 HRS 6. COLOR OR RACE 7. MARRIED Y NEVER MARRIED B DATE OF BIRTH lest birthday) Months DIVORCED . 13世 Fab. 1914 WIDOWED [Female 100. USUAL OCCUPATION (G ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE, County & State, or foreign country) 17. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housework Own Home Brooklyn, New York U.S.A. 13. FATHER'S NAME Joseph Marv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) 10. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] Mr. Charles Mohrein Same INTERVAL BETWEEN ONSET AND DEATH MMEDIATE CAUSE (a) MYD CH RDIAL T-NFARCTION IMMEDIATE (b) CORONARY THROMBOSIS 4-8 HOURS (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18 20d, INJURY OCCURRED 20%, PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year While Not While et work fectory, street, office bldg., etc.) 22b. DATE SIGNED arthur Landst DIRECTOR PHYS 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) ARTHUR LANKFORD 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town or county) 230, BURIAL, CREMATION, 236, DATE THEREOF REMOVAL (Specify) 275 Dec.1961 Glen Haven Memorial Pk. Glen Burnie. 24 PUNEAU DIRECTOR'S SIGNATURE! 250, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) Glen Burnie, Md. DATE DEC 2 8 '61



AIOSPICATE ATTENDED THYSECIAN: The law requires that the death certificate be executed were after the Page Thyse sets and by the hospital or attending physician.

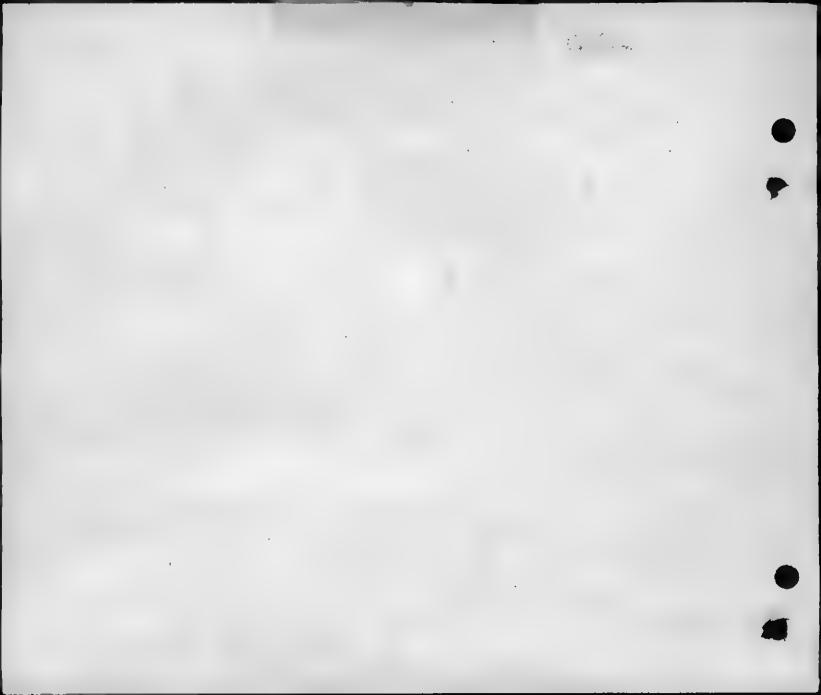
In Page 1 BIRECTOR After this certificate has been signed by the "tending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon mapers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 16

> VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

	MARILAND SIATE DEPARTMENT OF MEALIN	
DIVISION OF STATE	ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
13475	STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	13455

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY ARUNDEL MARYLAND	o, STATE // ARU/ ALOS, COUNTY
b. CITY OR TOWN Lif outside corporate limits. C LENGTH OF STAY IN 16	c. CITY OR TOWN (if putaide corporate I mits, write RURAL and give nearest town)
wr.te RJRAL end give neerest town)	BAIT MARKE
d. NAME OF HOSPITAL OR INSTITUTION (if not 'n hospite, give street address)	d STREET ADDRESS
CROWNSHILL STATE 1400	ON A FARM?
3. NAME OF First Middle	Last 4. DATE Month Dey Year
(Type or print) I A Can Ke IN	1.T./ OF 12 21 (1
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	3. DATE OF BIRTH 9. AGE (In years IF UNDER LYEAR 'IF UNDER 24 HRS.
	last birthdeyy Months, Deys Hours Min.
106. USJAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR	DELIGIOUS SELECTION OF MALE CONTINUES CONTINUE
done during most of working life, even if refired	RY 11 B RTHPLACE [County & State, or foreign country] 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	UIRGINIA OSA
S A A A	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCESS : 14' SOCIAL SECURITY NO. 1 17	LAURA DUITA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 176. SOCIAL SECURITY NO 17 (Yes, no, og unkown) (Hyesg-vewarordetesofservice)	Address Address
No 1_	es PITE NECORDS
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (6) DRONCHOTA	JESMONIA
DUE TO	
Conditions, if eny, which (b) OXEMIR	_
gave rise to immediate cause (e), stating the underlying DUE TO	
couse lest. (c) VENERAL, 28	EN SKIN UKERS
PART II. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL D.SEASE CONDITION G VEN IN PART 1(a), 19, WAS AUTOPSY PERFORMED?
CATI	YES NO P
PART II. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACC DENT WAS UNDERLYING 20b. DESCR BE HOW INJURY OCCURED OR CONTRIBUTING 1 CAUSE OF DEATH (IF ETHER. NOTHEY MEDICAL EXAMINE)). (Enter neture of injury in Part t or Pert II of Item 18.)
	ACE OF NJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While af work st work	
21. I certify that (I) (this hospital) attended the deceased from	10 -16 1961, to 13 - 26 , 196 Ithat (i) (we) last
saw the deceased alive on. 2 - 2619 6. , and that	death occured and M.M. from the causes and on the date stated above.
220. AGNATURE	22b. DATE
tohn I Mi The "	ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS.
276 PHYSICIAN S NAME (Type)	22d. ADDRESS
M. GEE	C'RIWNSVILLE HES PILA
	OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURITE 30Dec 1961 Balto, Nat	1 (em Baltimore Md
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1402 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
WESLEY L. SULLIVAN -1011 ARLIN	GTON DATDEC 29'61 Cuther S. Hrans



K

MARYLAND STATE DEPARTMENT OF HEALTH

ISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13476	DIVISION OF STATIST	ICAL RESEARCH AND CERTIFICATE	

13456

) 4 .) ()
1, PLACE OF DEATH a. COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY Marvland	e before admission)
b. CITY OR TOWN (I outside corporate I mits, write C LENGTH OF STAY IN 16 RURAL and give nearest lawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ive nearest town)
6 v.10 mo.7 d.	Baltimore 3 V	1-4
d. NAME OF NOSTRAL (If not in hospitol, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Crownsville-State-Hospital Middle	430 E.Lanyale Street	YES NO
3 NAME OF Pirst Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) Junius Edward	Smith DEATH 12	25 1961
S. SEX Male 6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED		YEAR IF UNDER 24 HRS Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU		EN OF WHAT COUNTRY?
during most of corking life, even if retired)	Maryland US	SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
unknown	Fannie Smith	
(Yes, no. or unknown) a (If was rave wor or doles of secure)	NFORMANT Address	
	Hospital Records	
18 CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).]	4 -	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Congestive He	eart Failure	L day
gave rise to immediate cause (o), stating the under.	c Cardiovascular Disease	over 5 ye.
lying couse last. (c)		THE THE AUTOREY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		PERFORMED?
Psychomotor Foilersy 200. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURRE	D. (Salar not) so of miner in Post I or Port II of item 18.1	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PSychomotor Foilogy 20%. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	e. Lines relate of injury in run , or run it of most to ;	
TOC TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e PL	ACE OF INJURY (Home, farm., 20f. (City ar town) (Cotory, street, affice bldg., etc.)	aunty) (State)
21. I certify that (I) (this haspital) attended the deceased from	2/18 1955 to 12/25 181	_, that (I) (we) last
	death occurred 3t 50 dt from the causes and on the	
Hold Clard, Heard Ferm	M.D PHYS DIRECTOR PHYS. 12/26	22b. DATE
122 ANSIC ANS NAME (Type) Dr. Hilda Reismann	22d ADDRESS Crownsville State Hospit	cal
23d BURIAL, CREMATION 23b DATE THEREOF 23c, NAME OF CEMETERY CONTROL 12/29/61 MT. CALV	or CREMATORY 23d LOCATION (City, lawn, or caunty) 4ry Com. A. County	(State)
24 FUNERAL DIRECTOR SIGNATURE ADDRESS	25a REC'D BY REGISTRAR 25b, REGISTRAR'S SIG	NATURE

funeral directar, ald be filed with plnous NERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely din by poge 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours giver death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO HOSPITAL

VR A1S (4) 1SM 9/S9

death. Page 4



1 .	2	[t	em 18 Film 305 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STAT	EX		13477 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DE	PT.		PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution Residence before adm.ssgor)
r. Page fries. Health,			e. COUNTY Armo Arundel County MARYLAND b. CITY OR TOWN (if outside corporate 1 mils, write RURAL and give nearest lown) c. CITY OR TOWN (foutside corporate 1 mils, write RURAL and give nearest lown)
our fr	1		write RURAL end give nearest lown)
Por direction	VI.	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM?
ny del funer tained State State	X		NAME OF Degrees No E. Middle Last 1. Date Month Dey Year
to the be ref		_	(Type of print) LEROY SYLVESTER STANLEY SEX 6. COLOR OF RACE 7, MARRIED NEVER MARRIE
er dee and S may 12 wi		10.	Male Negro widowed Divorced June 8, 1919 Less birthday) Months Days Hours Min.
ss 1, 2 ss 1, 2 sage 1 and		do	Laborer
24 hole Page 7/43. Pages	T	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
thin 2 Give File P	+	15.	George Stanley WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
an 18 in 18 in for sermit.		{Ye	No Ruth Bailey, Cambridge, Md.
xecut in Ite ong w nsit p			1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
be e Dencil ce alc al-fra			IMMEDIATE CAUSE (a) Massive Hemorrhage from the Lungs OQX DUE TO
hould in in i			Conditions, if any, which (b) Pulmonary tuberculosis
inding iner's			(a), stating the underlying DUE TO caube last. (c)
a use	2	NOE	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
his c word lical ild bi	773	CERTIFICATION	Cachexia 20s. EXTERNAL CAUSE WAS 20s. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Peri I or Part II of Item 18.)
g the f Mec f shou rial, c	iai.	***	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.
writin writin Chie Page 3		WEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Hour e.m. While Not While State Stat
cate, cate, or the DR:		2	21 I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my opinion
Gertific ded I ECT gent,			death resulted from Natural gauses X. Accident . Suicide . Hom'cide . Undetermined manner .
ME the forward DIR			ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER DATE SIGNED
P Scul	2		EXAMINER'S
EPUT dise ex should FUNE its desi	- No	228	NAME (Type) / HOWARD G. SHAUB, M. D. Address (Street, city, lown, or county) 12/7/61 12/7/61 REMOVAL (Specify) 22d. TOCATION (City, town, or country) (Stele)
400	ì	R	em-Burial 12/10/1961 Madison Cemetery Dorchester County, Md.
VS. A15ME 5M 9 60		1	which Mit land Cambridge, Md. DATE PEG 1 1 81 O Jun & Russell
		=	



Hopping Funeral Home

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		13478		CERTI	FICA	ATE OF L	PEATH	1		Reg. Di	st. No	4 7.4	EGO
1	PLACE OF DEATH o. COUNTY	1 TO 1 TO 1 TO 1		MARY		l o. STATE			lived If institute				
L		ARUNDEL					rylan					unde	_
ŀ	RURAL and give n		its, write	c. LENGTH OF STAY	IN 16	c. CITY OR T	o III NWOI Genna		ate limits, write R	URAL and	give nec	arest town	n)
Н	d NAME OF HOSPI	TAL (If not in haspital,	give street	oddress)		/ d. STREET A	The same of the sa	VIII				e. IS RES	IDENICE
L	143 Spa	Drive		•			Spa D	rive				ON A	FARM?
3.	NAME OF DECEASED	Fi	rst	Middle		Los		4. DATE	Mon	th	Da	y	Yeor
	(Type or print)	VIOL	Δ	W S'	TEHL	r.		OF DEATH	DECEME	RER	17	*	1961
5.	SEX	6 COLOR OR RACE	-	IED NEVER MARRIE		9. DATE OF BIRTH	4						ER 24 HRS
	F	17-24-	WIDOWE	_	-	T 36	7.00		9 AGE (In years lost birthday)	Months	Days	Hours	Min
10	L'emale D. USUAL OCCUPATION	ON (Give kind of work	donal 10h			Jan 10 TRY 11, BIRTHPL			81 yrs.	120 60			
	House wi	KING live, even it retired	1)	Own hom					unityj	12. (1	USA		COUNTRY
12	FATHER'S NAME	.10		OWII HOUR	<u> </u>		polis				UDR		
'3						14. MOTHER'S							
Ļ		William Wi				Jess	1e /	TETZ	EL				
15	. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17. IN	IFORMANT			Addi	851			
	NO	NO		19-16-1383	Mrs	. Jeanne	t S.	Irons-	- Daughte	or- A	rnol	d, M	d.
	18. CAUSE OF DE	ATH [Enter only one co	ouse per lin	e for (a), (b), and (c)							INTE	RVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY	. 10	EREKP	01	THRO	MA	051	<		ONS	ET AND	DEATH,
	332	IMMEDIATE CAUSE (c		FIRON		1///	1110	0 0/	<u> </u>			40	ce/_
	Conditions, if a gave rise to i	mmediate (,								-		
	couse (a), stating	the under-	>										
,	lying cause last.) (c											
CERTIFICATION	PANT II. OTI	HER SIGNIFICANT CON	iditions <u>c</u>	ONTRIBUTING TO DEA	ATH BUT A	NOT RELATED TO	THE TERMII	NAL DISEASE	CONDITION GIV	EN IN PAR	(T 1(a) 1	PERFC	AUTOPSY PRMED?
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	CCURRED	. (Enter noture of	injury in P	ort I or Part	Il of item 18.)				
3	20c. TIME OF INJUR	Y Month, Day, Ye	or 20d. IN	JURY OCCURRED	20e. PLA	CE OF INJURY (H	lome, farm.	20f. (City	or town)	ſ	County)		(State)
MEDICAL	Hour o. m.	19	While	Not white	fact	lory, street, office	bldg., etc.)		,			famel
×	p. m.			ol work				<u> </u>					
	21. I certify th	at I attended the	decease	ed from Later	<u> </u>	, 19 <i>6.[</i> _	, 10	2-1	/, 19 <u>.e./</u>	,that I	last so	iw the	deceased
	alive an	12-17	, 196	ond that	death	accurred at.	9307	M, fram	the causes a	nd an t	he da	te state	ed abave
	(,	11/11/					eet, city or town,			D/	ATE SIGNED
	SIGNATURE	LUCA	1956	1-12 70-6	2	***					17	110	1/2
			1		-						fander.	11-3	-f-42-,f-
		Edward S.				.73 Fr	enkli	n Stre	et, Anna	poli	s, M	ary l	and
22	BURIAL, CREMATIO	N, 226. DATE THEREC)F	22c. NAME OF CEME				22d. LOCATI	ON (City, town, o	r county)		(Stat	e)
	Burish	Dec. 20,	1961	St. Mary	ts Ce	eme terv		Anns	polis, N	faryl:	and		
23	FUNERAL DIRECTOR		. 1	ADDRESS			24a. REC'C	BY REGISTR	AR 24b. REGIS			EA	
4	lopping Fu	meral Home	A	nnapolis. 1	MA.		DATE -	22'0	31 "	1 20			

Annapolis, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institutions Residence a. COUNTY b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate ...mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give negrest town) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X Anne Arundel General Hospital 103 Northwest St. 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Hours WIDOWED XX DIVORCED -Male Negro 10a USLAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 B RTHPLACE (County & State or foreign country) 1 12. C T.ZEN OF WHAT COUNTRY? done during most of working life, even if relired) U.S. Marvland 13 FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED/EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no. or unkown! flifyes give war or detes of service! 18. CAUSE OF DEATH [Enter only one couse per one for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO gave rise to immediate causa DUE TO PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.011 19. WAS AUTOPSY PERFORMED? NO X 208. ACCIDENT WAS UNDERLYING ___ 1 205. DESCRIBE HOW INLERY OCCURED. (Enter neutre of injury in Pert II or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 1 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer tectory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this large transfer attended the deceased from Dec. 11 , 1961, to Dec. 25 , 1961, that (I) (will last1961 , and that death occured at. M, from the causes and on the date stated above. saw the deceased alive on-Dec. 25 22b. DATE 22m SIGNATURE ATTENDING MED. SIGNED STAFF DIRECTOR PHYS. PHYS. 22d ADDRESS 22c. PHYS, CIAN'S NAME (Type) 62 Cathedral St., Annapolis, 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, fown or county) (Stele) REMOVAL, (Specify) 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Cirthur S. Hrana DATEDEC 2 6 '61

funeral

by the

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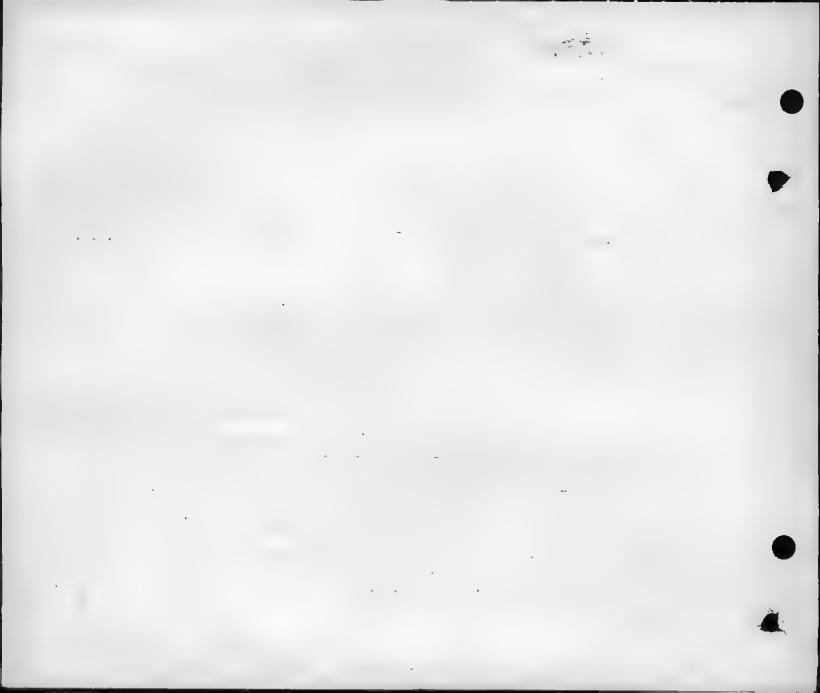
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N	ARYLAND	STATE D	DEPARTM	MENT OF	HEALTH
DIVISION	OF STATISTICAL	RESEARCH A	AND RECORD	S - BALTIN	ORE 1, MARYLAND
_	CEI	DTIELCA	TE OF	DEATH	

	13480		CERTIFICA	TE OF DEA	ATH			1:	3460	
1. PLACE OF DEATH				2. USUAL RESIDEN	CE (Where dec	ceased lived. If institu			admission)	
Anne Arund	lel		MARYLAND	". Maryla	nd	- Sue	ěn Ani	n	V	
b CITY OR TOWN (If a RURAL and give near	outside corporate lim	ils, write	LENGTH OF STAY IN 16	c CITY OR TOW	N (If outside c	corporate limits, write	RURAL ond	l give neares	I lown)	
Crownsvill	•		6 days	Cheste	r			Pix.	1	
d. NAME OF HOSPITA' OR INSTITUTION	L (If not in hospital,	give street od	ldress)	d. STREET ADDR	ESS			e. l	S RESIDENCE ON A FARM?	
Crownsvill	e State H	ospita	1	Box 22	2				ES NO	
3 NAME OF DECEASED	Fi	rst	Middle	Last	4 DA	E	onth	Day	Yeor	
(Type or print)	J	ohn	E	Steve	nson DE	ATH	12	4	19 61	
S. SEX	6. COLOR OR RACE	7 MARRIE	D NEVER MARRIED	B DATE OF BIRTH		9. AGE (In year last birthdoy)	Months		UNDER 24 HRS	
Male	Negro	WIDOWED	DIVORCED [April 18,	1892	69 yr	1	0095	ODIS WIII	
10a. JSUAL OCCUPATION during most of working	(Give and of working life, even if retired	done 10b, Ki	ND OF BUSINESS OR INDI	JSTRY 11, BIRTHPLACE	(State or fore)	ign country)	12 CI		HAT COUNTRY?	
Oyster Worke	r & Butle	r		Maryla				U.S.A	• •	
13 FATHER'S NAME				14 MOTHER'S MA						
John Ste					Sterli					
15. WAS DECEASED EVER	IN U.S. ARMED FOI yes, give war or dates of	service)		INFORMANT			Idress			
No		U	nknown	Hospital R	ecords					
1B. CAUSE OF DEAT		-						ONSET	AND DEATH	
PART I. DEATH WAS CAUSED BY: Old Cerebro-vascular Accident 3 years								ars		
2 >	DUE TO									
	Conditions, if any, which (b)			erebral Arteriosclerosis					Years	
cause (a), stating th	DITE TO		3 . 3 .							
lying couse lost.	,	-:	neralized Ar			SEE SE CONDITION C	(MENT INT BY	Year		
0	K SIGNIFICANT CON				: IERMINAL DI	ISEASE CONDITION G	IVEN IN PA	111	PERFORMED?	
E 20g ACCIDENT WAS	LINIDERLYING T	E	abetes Melli		unu in Port Lo	or Port II of Ham 18.)		11	E5 🛣 NO 🗍	
200 ACCIDENT WAS OR CONTRIBUTING D	CAUSE OF DEATH	200. DESCR		ED. (Ciner horare or in)	bry in roin to	a ron a or near tog				
20c. TIME OF INJURY		or 20d. INJ	URY OCCURRED 20e. P	LACE OF INJURY (Hom	e, form, 20f.	(City or town)		(County)	(Stote)	
20c. TIME OF INJURY Hour o. m.	19		al work	octory, street, office bld	.g., etc.)					
21 I certify may	(I) (this haspita	l) attende	d the deceased fram	11/28		to 12/4	, 19.	61, that	(I) (we) last	
saw the decease	d alive/gh	2/4	19 63 , and that	death accurred a	8:10, fr	ram the causes o	ind an t	he date st	ated abave	
220. SIG. WATURE	SHIFE	Lin	11/2/1	M.D. ATTENDING	MED DIRECTOR	R PHYS		1	225. DATE SIGNED 2/4/61	
22c PHISICIAN'S		1	1 11	22d, ADDRESS						
NAME (Type)	Lionel	McHer	ry Mapp, M.	D. Crowns	ville	State Hosp	ital,	Maryl	and	
23a - RURIAL CREMATION REMOVAL (Specify)	, 236 DATE THERE	OF_	23c NAME OF CEMETERY	OR CREMATORY	23d L	LOCATION (City, Lown	, or county)	(State)	
Della Specify	12/7/61		a Cheston	· (enir		MISTEV		75	16-	
24 FUNERAL DIRECTOR'S	SIGNATURE	Pad	ADDRESS	250	a REC'D BY RE	REGISTRAR 256, REG	SISTRAR'S	SIGNATURE		
(MOS	P R RECOV	rull)	Casin	DA	TEDEC 7	'61 a	Thur &	Kinns		



MARYLAND

c LENGTH OF STAY IN 16

Middle

DIVORCED |

100 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)

Lincoln

d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION

Negro

First

John

6 COLOR OR RACE 7 MARRIED NEVER MARRIED

WIDOWED I

Crownsville State Hospital

b. CITY OR TOWN (If outside corporate limits, write

D.C.

d STREET ADDRESS

Last

B. DATE OF BIRTH

Stewart

14. MOTHER'S MAIDEN NAME

February 25, 1874

Maryland

Ilnknown

Waithington

6501 Ritchie Road

4. DATE OF DEATH

e. IS RESIDENCE

Day

13

Doys

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

U.S.A.

Hours

ON A FARM?

YES NO 2

Year

1961

2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

COUNTY Prince George

Manth

AGE (In years

last birthday)

87

12

Months

PLACE OF DEATH

Anne Arundel

RURAL and give nearest town) Crownsville

b. COUNTY

NAME OF

5 SEX

DECEASED

(Type or print)

Male

13 FATHER'S NAME

Laborer

Inknown

by the funeral of 2 should be fi pub upers. Pages I comple OURS Pa puo 22 emove carb attending

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requires that the death certificate be executed þ permit. tol ar attending physician. this certificate has been sign use as the burial-transit use as the hed for

cremation,

NERAL DIRE should HOSPITAL VR A15 (4) 15M 9/59

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024K120 1122		0.	INCITOWIT		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)		17. INFORMANT		Address	
Unknown	Unknown	Hospital	Records		
1B. CAUSE OF DEATH [Enter anly one couse p	er line for (a), (b), and (c).]	·			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Carcinom	a of Prosta	te		OTTO DENTIL
DUE TO					
Conditions, if any, which (b) (b)					
cause (a), stating the under-					
lying cause last.) (c)					
PART II OTHER SIGNIFICANT CONDITIO				CONDITION GIVEN IN PAI	RT 1(a) 19 WAS AUTOPS1 PERFORMED?
	ne Associated	with Arteric	osclerosis		YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of	injury to Port 2 or Port	Il of item 18.)	
Hour a.m.	hile Not while work at work	De. PLACE OF INJURY (Hi factory, street, office I		or town)	(County) (State
21 I certify that (I) (this haspital) att saw the deceased glive an 12/1.	ended the deceased f			12/13 , 19 he causes and an th	
Hildeland tear of Key	m	M D ATTENDING	MED DIRECTOR	STAFF PHYS	22b DATE 51GNE 12/14/61
22c. PHYSICIAN'S NAMI (Type) Hildegard Hea	ard Reissman,	M. D. Cro		ate Hospital	, Maryland
230 BURIA., CREMAT ON, 23b. DATE THEREOF	23c, NAME OF CEMET	1.1.1	Bet Hust	9N (City, town, or county)	m.D.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		250. REC'D BY REGISTE		
Walneam Schey elne	424 RST	nw.	DATEC 2 6 '61	7 . 2 .	tius
-					



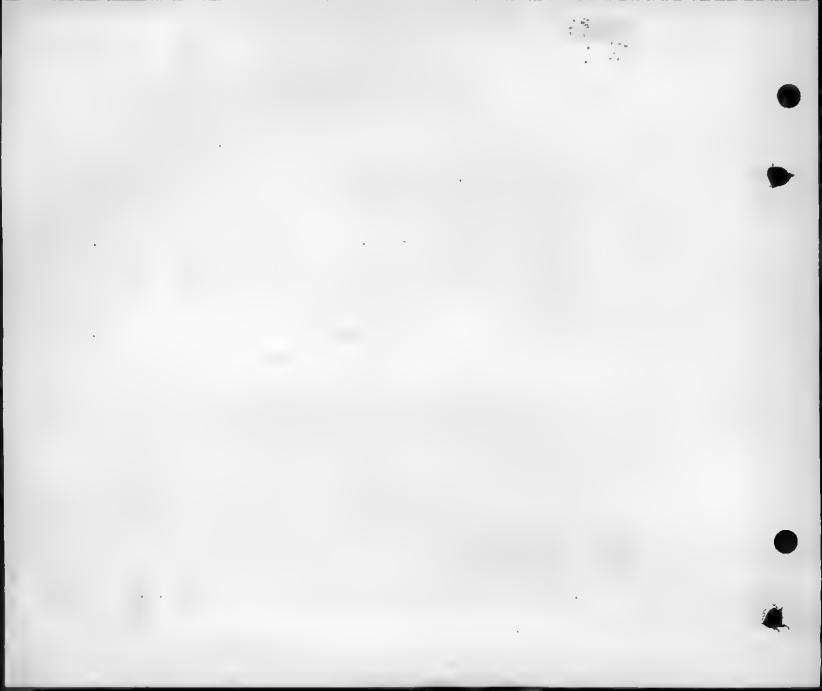
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND ... CERTIFICATE OF DEATH

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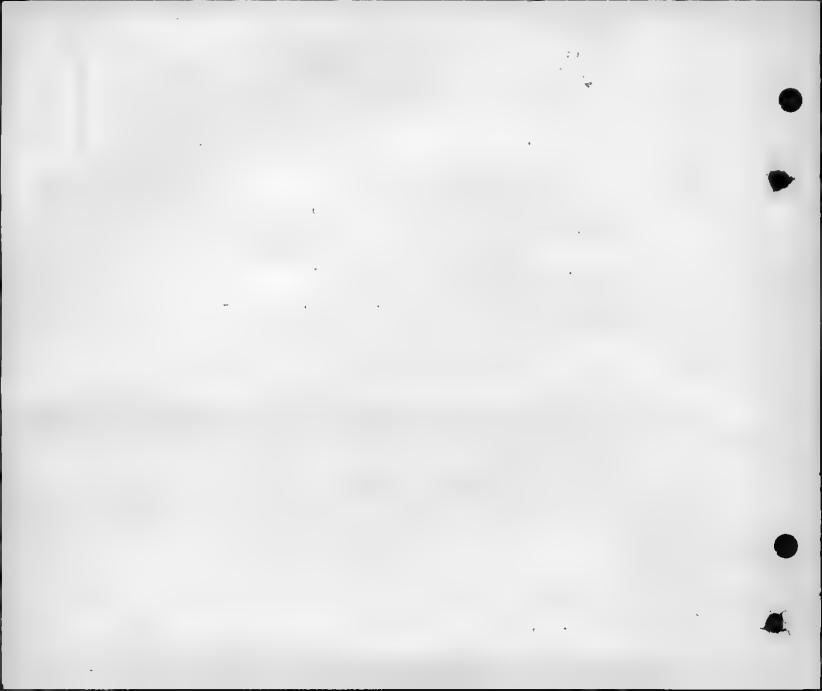
7.	PLACE OF DEATH O. COUNTY Anne A	rundel	County	MAR	(LAND	a. STATE	DENCE (Wh	ere deceased	b. COUNTY	on-Residence		
	b CITY OR TOWN (I	f outside corporate		c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If o	ulside corpoi	role limits, write R			
L	Glen Burnie Glen Burnie											
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospi	tol, give street o	oddress)		d. STREET	ADDRESS				e IS	RESIDENCE N A FARM?
L		- Stre	et S.W	· (Home)]	110 A-	- Str	eet S	.W.			S NO
3	NAME OF DECEASED		First	Middle		Lo	ıst	4. DATE	Mar	ith	Day	Yeor
	(Type or print)	Walter		M.	Stir	nchcor	dn	DEATH	Decemb	er I	1.8	1967
S.	SEX	6 COLOR OR RA	ACE 7. MARRI	ED NEVER MARR	ED B.	DATE OF BIRT	Н		9. AGE (In years lost birthgoy)	IF UNDER 1		INDER 24 HRS
	Male	White	WIDOWE	D DIVORCE	D 🗆 🖹	1 Mar	ch 1	374	87 yrs	Manths [Doys Ho	ours Min,
10	during most of work	ON (Give kind of w	ork done 10b.	KIND OF BUSINESS (OR INDUSTR				unitry)	12. CITIZ	EN OF WH	AT COUNTRY?
	Contra	,		ntractor	-Ret		Marv	land		ŤI.	S.A	
13	FATHER'S NAME		, , ,			14. MOTHER						
	Alfr	ed A. S	tinche	o mio		Sa	rah !	Stine	dmoon			
15	WAS DECEASED EVE		FORCES? 16. 9). 17 INFO				Add	ress		
1.	as, ito, or orknown;	fit yet, give wor or oon	is or service)		Ma	o. Vic	tor	Stine	heomb]	10 A-	- Sta	ceet S
Г	18. CAUSE OF DEA	ATH [Enter anly a	se couse per lin	e far (o), (b), and (c)	-1						INTERVA	L BETWEEN
	PART I. DEA	TH WAS CAUSED	BY SE (o)	Carony	The	mos	,				CO LA	ND DEATH
	420.1		E TO									
	Conditions, if a	ny, which) (b) Cardio - Vascular Descesse 2 years										
	gave rise to i	mmediate (E TO									1
	lying couse lost.	The Under-	(c)									
NO	PART II OTH	ER SIGNIFICANT		ONTRIBUTING TO DE	ATH BUT N	OT RELATED T	O THE TERMI	NAL DISEASI	CONDITION GIV	VEN IN PART	1(a) 19. V	AS AUTOPSY
¥												ERFORMED?
CERTIFIC	200. ACCIDENT WA	S UNDERLYING [CAUSE OF DE MEDICAL EXAMIN	ATH I	RIBE HOW INJURY O	CCURRED	(Enter nature	af injury in f	Part I ar Port	II of item 1B)		,	
	20c TIME OF INJUR	Y Month, Day,	Year 20d IN	JURY OCCURRED		E OF INJURY			or town)	(Co	ounty)	(Stote)
MEDICAL	Hour a m.		19 While	Not while	factor	ry, street, offic	ce bldg., etc.)				
2	p. m.	x 7D 7d 1 1				1	204	40	Dulf.	20/	2 A) 6	
	21 I certify inc	or (I) (rnis nosp	Ditoi; oftend	ed the deceosed	rrom	The same of the sa						
	220 SIGNATURE	sed alive on_	~	19_6/, onc	I that dec	Th occurre	10 bs	M, from	the couses ar	nd on the	dote sto	225 DATE
	for	mes 5	Buller	-gsle r	M.I		DI	ED RECTOR	STAFF PHYS		Dec	SIGNED . 20,196
	22c. PHYSICIAN'S NAME (Type)					22d. ADDI	RESS					
	Jame	s S. Bi	llings	lea		108	3_Cen	tral_	Ave. N.	W.Gle	en E	<u>urnie</u>
23	g BURIAL, CREMATIC REMOVAL (Specify)	N, 23b. DATE TH	EREOF	23c. NAME OF CEN	LETERY OR	CREMATORY		23d LOCAT	IQN (City, Iown,	or county)		(Stote)
	Burial	21 Da	ec.196	7 Asbur	y Me	thodis	st.	Ar	nold RAR 25b. REGI	Manul	lana	
24	FUNERAL DIRECTOR		Mirke		0	Burnie				_		
	Hopping .	& King T	ev Fun	Atal Hom			DATEDE	C 2 7 '6	1 00	Klun & 1	traus	



L	77470	CERTIFICA	AIE OF D	EAIF			Reg. D	ist. No.		
1.	PLACE OF DEATH a. COUNTY Anne Arundel	MARYLAND	2 USUAL RESID	ence (wh		ved. If instituti b. COUNTX	on Reside	nce befo	re admis	sion)
	b CITY OR TOWN (If autside corporate limits, write RURAL and give negret town) Brooklyn	c LENGTH OF STAY IN 16	c. CITY OR T	OWN (If a	utside corpora	e limits, write R	URAL ond	give nec	rest tow	n)
	d NAME OF HOSPITAL (if not in hospital, give street of INSTITUTION 406 Hillcrest Ave.	l address)	d. STREET AL		rest A	ve.				FARM?
3.	NAME OF DECEASED (Type or print) DAISY	CROMWELL THO	Lost OMPSON		4. DATE OF DEATH	DECEMB		20		Yeor 19 61
5.	SEX 6. COLOR OF RACE 7. MARRI Female White widowe		B. DATE OF BIRTH			AGE (In years last birthday) 79 yrs.	IF UNDE	R 1 YEAR Days		ER 24 HRS
10	o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) House wire	wn home			or foreign cour			TIZEN O	F WHA!	COUNT
13	FATHER'S NAME Washington L. Slaughter		14. MOTHER'S Unkn	MAIDEN N						
15 [Y	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 9	SOCIAL SECURITY NO. 17	NFORMANT Henry M		mngan_	Add		nmo.	00.1	<i>u</i> 2
	PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 1/20 DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last. (b) DUE TO DUE TO (c)	ertere	.Card	Le of	and	Parde	len.	ONS	ET AND	DEATH
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS C 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT					EN IN PAI	RT 1(a) 1	PERFC	AUTOPSY PRMED? NO [2
MEDICAL C		Not while had	ACE OF INJURY (History, street, affice	lome, form, bldg., etc.)	20f. (City or	town)	(County)		(State
	21. I certify that Lattended the decease alive an 19 19 19 19 19 19 19 19 19 19 19 19 19	od from CL-300	occurred at	6.40	M, from to DORESS (Street	he causes of the	ind an t	the dat	te state	
22	NAME (Type) Sam Rubin M.D. BURIAL, CREMATION, 22b DATE THEREOF REMOVAL OPECIFY) Dog 22 1061	22c NAME OF CEMETERY OF	R CREMATORY			Brook 1 N (City town, o		langel	(Stol	e)
23	FUNERAL DIRECTOR'S SIGNATURE	Ceder Bluff ADDRESS	T.		Annapo By REGISTRA	lis Me R 246 REGIS			RΕ	
M	Honning Punant 7 77			DATE OF	0.0.0.10					

NDING PHYSICIAN: The law requires that the death certificate be executed within NERAL DIRECT.: After this certificate has been signed by the attending physician and complete! NERAL DIRECT.: After this certificate has been signed by the attending physician and complete! It go 3 should be detached for use as the burial-transit mermit. Then please remave carban papers. Post registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR VS A15 (4) 15M 10/57

in by the funeral director, and 2 should be filed with



ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY a. STATE **b.** COUNTY MARYLAND c. CITY OR TOWN (If outroe compressionits, write RURAL and give neerest lown) and b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 ģ write RURAL and give nearest town) filled in Pages 1 Pages NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE Pagers. Page 72 hours ON A FARM? YES NO 3. NAME OF Middle 4. DATE Yeer DECEASED DEATH (Type or print) 196/ ane. S. SEX DATE OF BURTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED MEYER MARRIED F pue last birthday) Months Days DIVORCED WIDOWED X physician 12. CITIZEN OF WHAT COUNTRY? IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE & State, or foreign country) é done during most of working life, even if relired) any NONE Housewife 13. FATHER'S NAME tending pleas (unknown) 15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unkown) | [Hyes give wer or dates of service] NOMP. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO gave rise to immediate cause DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? CERTIFICA 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED 1 2De. PLACE OF INJURY (Home, farm, 1 201. (City or lown) (County) (Stele) fectory, street, office bldg., elc.) Not While Hour a.m. at work at work 7-1...... 196.5, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on., 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. PHYS. was 22d. ADDRESS 22c PHYSIC ANS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county 23a, BURIAL, CREMATION | 23b DATE THEREOF Loudon Park Cemetery Baltimore 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DEC 2 6 '61

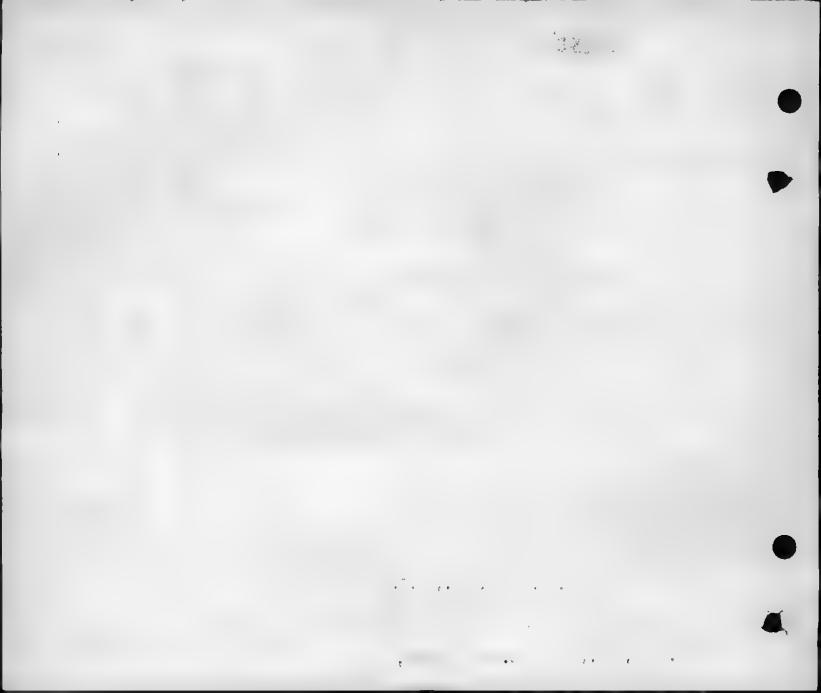
DATE

Wm.Cook, Inc., 1217 St. Paul Street, ZONE 2

arthur & House

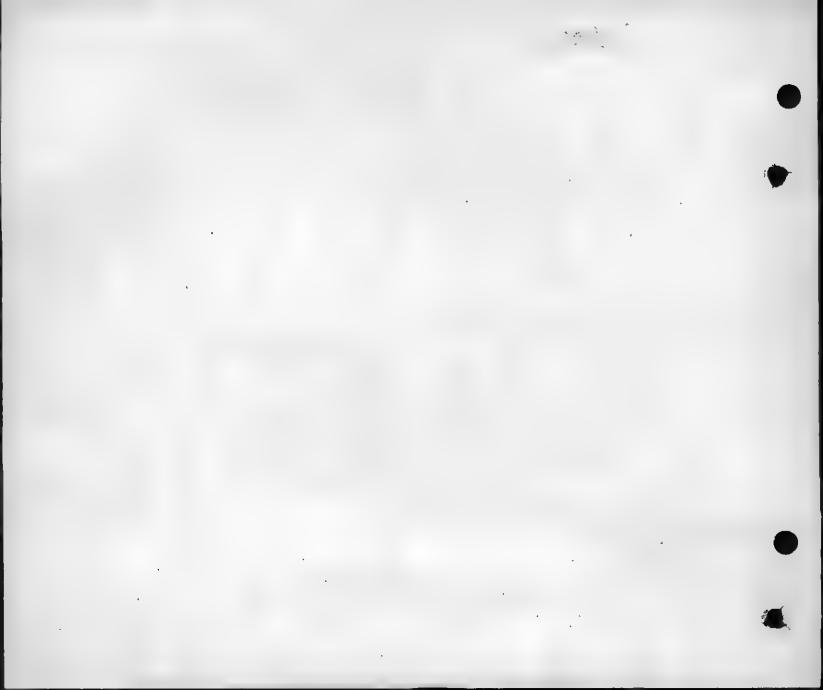
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ARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH the funeral directar, should be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution: Residence before ode COUNTY MARYLAND CITY OR TOWN (If outside corporate/limits, write c. LENGTH OF STAY IN 15 OR TOWN Ut outside corporate limits Arrive RURAL and give nearest town) e. IS RESIDENCE in haspital. give street oddress) d. STREET ON A FARM? 24 YES NO NO and Ξ, DECEASED Pages (Type or pri DEATH ded ded S SEX COLOR OF PACE 7. MARRIED NEVER MARRIED 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS etely los birthday) Months Days Hours after DIVORCED [7] WIDOWED IX popers. campl USUA. OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if relired) 12 CITIZEN QE-WHAT COUNTRY? and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 17 INFORMANT 16. SOCIAL SECURITY NO. attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā. PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO þ igned t Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underpeen si lying couse last **burial-transit** attending physician PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? crematian, certificate has YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, , 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) MEDI Hour o m. While Not while at work at work 21. I certify that (1) (this haspital) attended the deceased fram . , 12 , ta., _____ 19___, that (1) (we) last saw the deceased alive an... 22b. DATE SIGNED ATTENDING PHYS STAFF DIRECT þ M.D. DIRECTOR | 0 PHYSICIANIS 22d, ADDRES ME (FE BR/S DATE THEREOF IDEAT ON (C'ty, town, or couply). 23a BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify 250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 7 & Thomas

death



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

L	1	3485		CERTI	FICA	ATE OF [DEATH	I		Reg. Dis	t. No.d	2400
1.	PLACE OF DEATH					2. USUAL RESI	DENCE (Who	ere deceased	lived, If instituti	on. Residenc	e before	odmission)
Ł	o. COUNTY	Anne Arund	el.	MARY	(LAND	a. STATE	Maryl		b. COUNTY			ındel
1	b. CITY OR TOWN (IF RURAL and give ner Annabolis	autside corporate limi arest tawn) - 50 Fleet	ts, write	c. LENGTH OF STAY	IN JP		rown (If or		ota limits, write R	URAL ond gi	ive near	est tawn)
	d. NAME OF HOSPITA		ive street c	oddressi	1	/ d. STREET A		reet			e	IS RESIDENCE ON A FARM? YES NO P
3.	NAME OF DECEASED (Type or print)	AMOS		Middle	TU	RNER Lo.	t	4. DATE OF DEATH	Dec.	**3	Day	Year 19 6
5.	SEX	6. COLOR OR RACE	7. MARRI		- 1	B. DATE OF BIRT		0 9	AGE (In years last birthday)		Doys	Hours Min
10	o. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired Pr	done 10b. I		OR INDUS	TRY 11 BIRTHPL	ACE (State o		intry)		ZEN OF	WHAT COUN
	John T					14 MOTHER'S Unkn		AME				2
15	WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give wor or dates of s	ervice)	SOCIAL SECURITY NO 14-05-0229	44	wormant uline To	mer-	106 So	uth Str		na.	Md.
	18. CAUSE OF DEAT	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	use per lin	e for (o). (b), and (c). Coronary		ry Disea	se				OUSE	TAND DEATH
	Canditions, If an	DUE TO	Hype	ertensive	Card	iovascul	ar Di	sease :	Dia and Mel	betes litus	1	O yrs.
	couse (a), stating to		Gen	eralized a	rter	iosclero	sis) 1	.0 yrs.
CERTIFICATION	PART II. OTHI	ER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THETERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19	. WAS AUTOPS PERFORMED? YES NO
L CERTIF	200 ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRE), (Enter nature a	f injury in P	art 1 or Part 1	I of item 1B.)			
MEDICAL	20c. TIME OF INJURY Hour s. jr. p. m.	' Manth, Day, Ye 19	While	UURY OCCURRED Not while of work	20e. PL/ foo	ACE OF INJURY (Home, form, bldg., etc.		·		ounty)	(Slot
		at I attended the	decease	1		occurred at		_M, fram	32, 1001 the causes a et, city or town,	nd on th	ost sav e date	w the decea stated abo DATE SIGI
	ACTUAL	Nevair	<u> </u>	X ferre	ne,	y.p	heodo:	re H.	Johnson,	M. D		
		T.H.Johnso							St. An		s, 1	Md.
L	BURIAL CREMATION REMOVAL (Specify) BUT1a1	Dec.8-61)F	Brewer I		R CREMATORY			olis, M			(Stote)
23	C.E.HICKS		napol	ADDRESS is, Maryla	and		24a. REC'D	BY REGISTRA		STRAR'S SIGI		

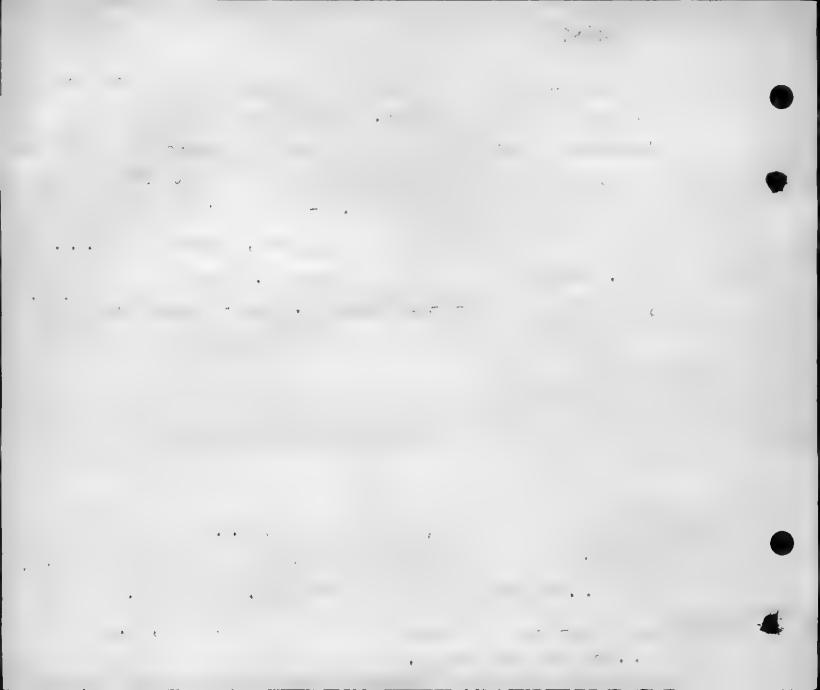
d in by the functol director, and 2 should be filed with NDING PHYSICIAM: The law requires that the death certificate be executed within \$4 hours after ||ages may be retained by thospital or attending physician.

Consider the control of the TO HOSPITAL OR ATTE Ö

Poge 4



MARYLAND STATE DEPARTMENT OF HEALTH NSTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MANYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. COUNTY b. COUNTY e. STATE Anne Arundel Anne Arundel MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporete limits, write RURAL and give neerest town) write RURAL and give neerest town) Annamolis 6 yrs. Annapolis d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address, A STREET ADDRESS IS RESIDENCE ON A FARM? 98 College Creek Terrace College Creek Terrace YES NO T 3. NAME OF Middle DECEASED (Type or print) CATHERINE DEATH 19 67 Dec LENORA JOHNSON TURNER 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months | Days Feb. 22-1916 WIDOWED [DIVORCED OVe IDe. USUAL OCCUPATION (Give kind of work 1Db. K ND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Annapolis, Maryland U.S.A. Domestic ******* 설 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please John A. Johnson Elizabeth S. Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO., 17 INFORMANT hen Annapolis, Md. (Yes, no, or unkown) [If yes give wer or deles of service] Elizabeth S. Randall-98 College Creek Terrace 217-16-1910 18 CAUSE OF DEATH [Enter only one cause per line for te., (b , and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) 174 X DUE TO Conditions, if eny, which (b) gave rise to immediate ceuse DUE TO (e), steting the underlying PART I OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) 20d, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, 2Df. (City or town) 20c. TIME OF INJURY (County) (State) Month, Day, Yeer factory, street, office bldg., etc.) Not While Hour a.m. While at work 21. I certify that (I) (this boso tal) attended the deceased from and that death occurred and the causes and on the date stated above.1961... saw the deceased alive on., DIRE DIRECTOR h. Page 4 page with I 22c. PHYSIC, AN'S 22d. ADDRESS NAME (Type) .L.Richardson Clay St. Annapolis, Md. 23d. LOCATION (City, fown or county) 236, BURIAL, CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Annapolis, Md. Burial Brewer Hill 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) C.E.Hicks 111 Annapolis. Md. 15M 9/60 DATEDEC 2 2 '61 Cath & Rrange



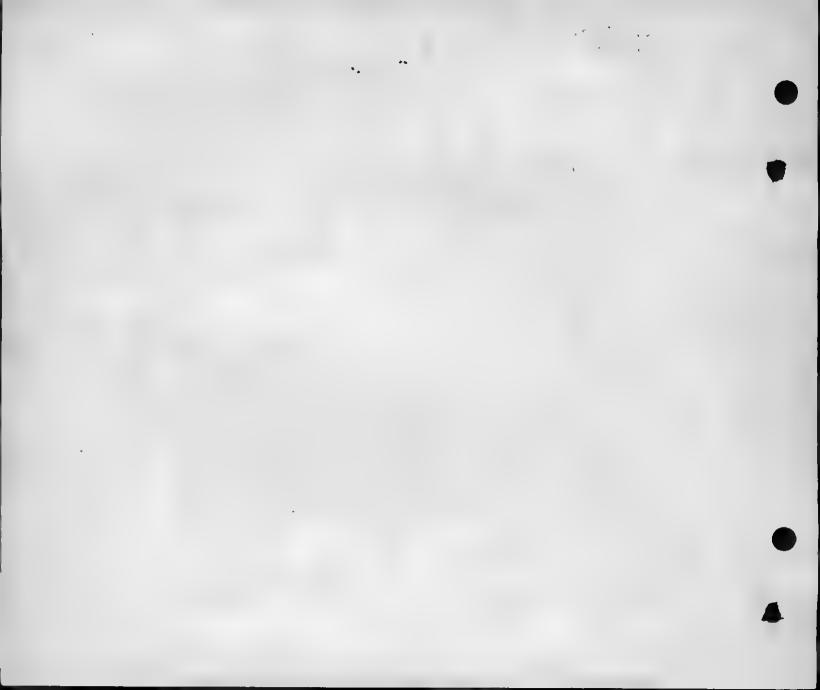
PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence a. COUNTY a. STATE by the land 2 seed death. MARYLAND b. CITY OR TOWN (if outside corporate l'mits, C. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give neerest town) waite RURAL and give naarest town) after 鸟面 Let it wirele papers. Pages In 72 hours after d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital/give street address) d. STREET ADDRESS e. IS RES DENCE ON A FARM? and completely 3. NAME OF Middle DATE DECEASED OF (Type or print) DEATH 19 MARRIED NEVER MARRIED B. DATE OF BRITH carbon 16. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In yeers WIDOWED [DIVORCED evar remove 1De. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY, 11. 8.7 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) WASHINGTON 130 1,00 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown), (If yes give war or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ed & buduces burial-fransit **DUE TO** attending peen gave rise to immediate cause **DUE TO** (a), steting the underlying has cause last. ö PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19, WAS AUTOPSY PERFORMED? NO V Do. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of neury in Part I or Pert II of item 18.) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm , 2Df. (City or fewn) 20c. TIME OF INJURY (County) (Stete) Not While fectory, street, office bldg., etc.) While Hour a.m. at work et work p.m. DIRECTOR 21. I certify that (1) (this hospital) attended the deceased from.... to. saw the deceased alive on..... 22a-SIGNATURE DATE page 3 s ATTENDING SIGNED PHYS. DIRECTOR HOSPITAL h. Page 4 FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, 23e. BUR AL, CREMATION, 23d, LOCATION (City, fown or county) (State) REMOVAL ISDUCT 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 15M 9/60

YLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S) 11 112 CISTAL RESPECTIVE Where decessed I ved, If institution: Residence before admission) PLACE OF DEATH COUNTY . " a. STATE b. COUNTY MARYLAND 6. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle 4. DATE DECEASED (Type or print) 196 6. COLOR OR RACE 7. MARRIED NEVER MARRIED with 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS may 2 witl lest birthday) Months od 2 hour WIDOWED [Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page s 1 and in 72 done during most of working lite, even if relired) pages i Give Page 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 北京 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 117. INFORMANT Address permit. [Yes, no, or unkown] | [Ifyesgivewardrdatesofservice] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ould Conditions, I eny, which gave rise to immediate cause o a DUE TO (3) (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL D SEASE CONDIT ON GIVEN IN PART 1.9 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part | or Part | of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. writing to Chief A Salage 3 si 20d. NJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. , 20f. (C) Month, Day, Year 20c. TIME OF INJURY factory, styber, office bldg., etc.) Not While et work at work ä **5** 0 21. I certify that I took charge of the remains described above, held an Autopsy 🔀. Inspection and in my opinion Inquiry forwarded to L DIRECTO Natural causes Homicide 1 death resulted from: Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER should be forward to the state of the state ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, Iown, or county) 228. BURIAL, CREMATION, 225. DATE THEREOF 22d, LOCATION (City, town, or country) JAME OF CEMETERY OR CREMATORY REMOVAL (Spec by) 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE VS. A15ME mount & Thomas DATE JAN 11 '62 5M 9/60 - ~ 9UUUVVVX

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmiss on) . COUNTY Page Same b. COUNTY director, Page Anne Arundel your files. MARYLAND Same b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate | m ts. write RURAL and give neerest town) write RURAL and give neerest town) Severna Park Same 25 vears d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? o retained to the State B er death. Old Annapolis Blvd. Same YES NO F 3. NAME OF Middle Last 4. DATE DECEASED OF (Type or print) John White DEAT December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED with 5. SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. may 2 will last birthday) Months | Days M WIDOWED T DIVORCED 82 PM3. Page 5 r PM3. Page 5 r le pages 1 and 2 nt Within 72 ho YIS. 10a. JSUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) Retired labor. A. A. County, Md. USA 13. FATHER'S NAME File Arthur White 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yes give war or deles of service) With Mrs. Marjorie Howard (daughter No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN Office along v PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Charred above recognition ONSET AND DEATH "in pencil i Office alor Sudden s a burial-t **DUE TO** Conditions, if eny, which (b) gave rise to immediate ceuse d "pending" Examiner's DUE TO (a), stating the underlying à cause lest. pesn , LOI PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4)1 19. WAS AUTOPSY CERTIFICATION Medical Ex should be u e Chief Medical Ex Page 3 should be r to begal, crematic PERFORMED? NO T 20a, EXTERNAL CAUSE WAS PRIMARY TO or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) EXAMINER: CAUSE OF DEATH. Was trapped in his house which burned down. 20d. INJURY OCCURRED 1-20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While g D at work at work T Severna Park 走 forwarded to 0 2 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection 😿 , Inquiry Y and in my opinion death resulted from Natural causes Accident [Su cide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be forward by FUNERAL DI ACTUAL ASSISTANT MEDICAL EXAM, NER DATE SIGNED SIGNATURE SPUTY 12/22/61 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) NAME (Type) Gustave H Faubert M.D. Addr 22c. NAME OF CEMETERY OR CREMATORY Address (Street, city, lown, or county) city, lown, or county) Glen Burnie, Md REMOVAL (Specify) 2-24-01 Carpenter Hill Severna Fk.Anne Arundel® ŏ 40 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATUR 23. FUNERAL DIRECTOR ADDRESS VS. ATSME Charles E. Hicks, 114nnapolis, Md DATE C 2 7 '61 C. Charl S. Thomas



MARYLAND STATE DEPARTMENT OF HEALTH 13491 CEPTIFICATE OF DEATH OF THE PROPERTY OF THE PROPER

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1.	PLACE OF DEATH o. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) b COUNKINE Arundel
	b CITY OR TOWN (If outside corporate limits write RURAL and give nearest lown) Odenton	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Odentom
	OR INSTITUTE CENTRAL (If not in hospital, give street oddress) OR INSTITUTE CENTRAL (If not in hospital, give street oddress)	d. STREET ADDRESS o is RESIDENCE on a FARM? YES \(\) NO \(\)
3.	NAME OF DECEASED (Type or print) CHARLES A WHITTLE	Last 4. DATE Month Day Year 19 61
	Male White WIDOWED DIVORCED	Nov. 25, 1887 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min
10	during most of working life, even if retired) Ret. Merchant General Store	STRY 11 BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? USA USA
13	Charles A. Whittle	Annie M. Watts
		rs. Beverby Wood- Daughter- same As #
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (b), stoting the under- tying couse lost. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (b) DUE TO (c) (d) (d)	Moli onserlor Nio 20 yr one, generalized 20 yr
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20G ACCIDENT WAS UNDERLYING 20	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO CENter notice of injury in Part I or Part II of Item 18)
1		, and the state of
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PL	ACE OF INJURY (Home, farm 20f. (City or town) (County) (State) clary, street, office bldg , etc.)
		death accurred at LPM, from the causes and on the date stated above
		MD ATTENDING MED. STAFF 12/24/6/SIGNED
	22-CHMYSICHN'S NAME OF BERT L. DAMM	166 CHENLEA DRIVE
2.3	BURAL, CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OF COMPTEN DEC. 31, 1911 BETHEL- NI	
24	Hopping and Birkley Glen Burn	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 256 REGISTRAR'S SIGN

TO HOSPITAL OR A DING PHYSELIAE: The law requires that the death certificate lie executed within 24 haurs after decrease the property retained by the state of PLY-CRAL DIRECTOR: After this certificate has been signed lift the attention physican and completely filter in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, crematian, ar remayal, and in any event, within 72 haurs after death.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13492 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND pue b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) write KURAL and give neerest town Pages 1 after NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRES a. IS RESIDENCE hours ON A FARM? area YES NO papers. 3. NAME OF Middle 4. DATE 72 Month Year DECEASED (Type or prin!) DEATH 1961 OH PIL carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER I YEAR IF LINDER 24 HRS. lest birthdey) Months Deys WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work remove 1Db_KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dans during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 음 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yas, no, of upkown) [Ifyasgivewer or detes of service] IB. CRUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY-Intest; nal IMMEDIATE CAUSE (e) burial-transit DUE TO Metastatic Carcinoma Conditions, if any, which geve risa to immediata causa **DUE TO** (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION \$ 00 to PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH etached 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While While at work et work p.m. to Dec. 27, 1961, that (1) (---) last saw the deceased alive on...... 22s. SIGNATURE 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S 23e. BURIAL REMATION, 23b. DA 23c. NAME OF CEMETERY OR PEMATORY (State) 23d. LOCATION LOTy, town or county REMOYAL (Specify) 8. FO JUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Orthur S. Thomas DATE DEC 2 9 '61

RYLAND STATE DEPARTMENT OF HEALTH

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th. Page 4 m. e retained by the hospital or attending physician.

**CUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after draft. The law requires that the death certificate be ex-TIENDING PHYSICIAN: TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	3443	· · · · · · · · · · · · · · · · · · ·			
1. PLACE OF DEAT	HOZOU				Institution: Rasidanca before admission)
	ne Arundel	MARYLAND	Maryland	b. COU	ne Arundel
	(if outside corporata limits,	c. LENGTH OF STAY IN 16			e RURAL and give neerest town)
	d giva naarast town)		V		
Annapo			^ Davidson		
d. NAME OF HOSP	TAL OR INSTITUTION (IF I	ot in hospital, give street address)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
Anne Ar	1 1 -	1 Hospital			YES NO
3. NAME OF	First	Middle	Last	4. DATE Mont	h Day Year
(Type or print)	Marinata		ZEHNER	DEATH 12	15 1961
5. SEX	Martin	MARRIED NEVER MARRIED B	DATE OF BIRTH		HE UNDER I YEAR IF UNDER 24 HRS.
	7.			last birthday)	Months Days Hours Min.
Male	111111111111111111111111111111111111111		Dec. 15, 18		
10a. USUAL OCCUPA	TION (Give kind of work orking life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	nty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
Retired F		Tobacco	Germa	nv	USA
13. FATHER'S NAME	WA HAVA		14. MOTHER'S MAIDEN		
A Taxaa	7 - h		Anna Neui	h mann	
	Zehner VER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO. 17. 1		Addres	
	(If yes give wer or dates of serv	rica)			
no	no		. Mariea Ze	hner- Wife- Sa	me as #2
		usa par line for (a), (b), and (c)	11	1 1)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEA	TH WAS CAUSED BY, IMMEDIATE CAUSE (a)	FINDERTENUN	e CAROLO VI	as whom Visca	IF Not KNOW
44	DUE TO	11/1		1	- 1
	-7.3	Partle	Husenh	2. wha	3 month.
Conditions, if in gave rise to immed	(10)	-17/19/1/10	Till her wi	July -	-
(a), stating that	POLICE TO		//	/ 7	
causa last.) (c)_				
PART II. OTHE	ER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GI	
Ĕ					YES NO K
20a ACCIDENT W	VAS UNDERLYING [] 2	Ob. DESCRIBE HOW INJURY OCCURED	(Entar natura of injury in	Part Lor Part II of itam 18.)	
OR CONTRIBUTING	CAUSE OF DEATH	gar beautiful from o decine	, (allor halaro of milety to		
20c. TIME OF INJ	URY Month, Day, Year		CE OF INJURY (Home, far		(County) (State)
Hour a.m.	19	While Not While tect	ory, straet, office bldg., at	c., j	
			July	intel . Dor	10 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	100) attended the deceased from			, 19 %, that (I) (we) last
		19.6.1., and that	death occured at		and on the date stated above.
220. SIGNATURE	1) / 11	ATTENDING	MED. STAFF	22b. DATE SIGNED
1	Trancis o	x ween "	attice []	DIRECTOR PHYS.	12-16-61
22c. PHYSICIAN			22d. ADDRESS	Governor Rito	hie Highway
NAME (Type	Francis	1. Codd, M.D.		Severna Park,	
235 BURIAL CREMAN	TION, 236. DATE THEREC		OR CREMATORY	23d, LOCATION (City, to	
REMOVAL (Spacify	Y]				
Burial	Dec. 19,		orrows	Wensville	, Maryland
24 FUNERAL DIRECTO	IR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 256. RE	
Hopping F	uneral Home	Annapolis, Md.	DATE	C 19'61 a	thin S. House
	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO	THE RESERVE THE PROPERTY OF THE PARTY OF THE			

